

## EDITORIAL

### HIGHER CRITICISM.

Under date of Sept. 12, we received the following criticism upon our work:

"There is no denying that THE ALKALOIDAL CLINIC contains much that is interesting, but more that should be properly consigned to the waste-basket, especially in the Query Department; much of which comes from a class of men who are mere infants in the practice of medicine, and whose puerile questions ought to make such men as yourself and Dr. Waugh smile when you read them.

"Then again there is a commercial side to your replies, which very much detracts from their scientific value, and which would necessarily repel the better and thinking class of medical men. Until this feature is largely eliminated you cannot expect the coöperation of well-trained and thoughtful physicians, however much they might otherwise be attracted to your system; which seems to be principally based upon intestinal antisepsis and heart-stimulation.

"That which is true may be obscured, but cannot be destroyed. Absolute facts regardless of their source are what we need in the practice of medicine. A

careful study of drug-action in its application to pathological or diseased conditions, is what makes the successful physician; and he who fails to realize this fact is likely to become a therapeutic nihilist, and consequently an incompetent practitioner.

"I am not yet ready to take up alkaloidal medication. I am as yet but an observer and content to wait yet awhile."

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This is so broad and sweeping in its denunciation of our position, that we publish it *in toto*, but without the doctor's signature; and append hereto our reply to him, which has already been made by personal letter, but which we reproduce as an earnest of our position, leaving our friends and enemies, God bless them all, to judge:

I have read your letter with a great deal of interest, and you must pardon me if I criticise it as frankly as you have criticised us. You have looked at this matter from your own standpoint strictly, and have not considered ours. The CLINIC is published by THE ABBOTT ALKALOIDAL Co., which deals in supplies for

Free copies for the remainder of 1900 and premium are offered new 1901 subscribers.

physicians. The material in its pages is regulated by a curious automatic process. We supply many thousands of physicians with goods. They write us their difficulties. Those which appear to affect numbers of physicians are replied to in the Query Department. Those which affect very few physicians are replied to in person, but not published as not being of much general interest. Whenever you see a query published in the CLINIC you may be sure that that query has been asked a number of times; *ergo*, a number of American doctors want information on the point in question.

We study the periodical literature of the profession. When a therapeutic idea appears which seems to have sufficient basis for a test, we advise its trial by all the physicians who write to us for advice on the maladies for which the remedy is suggested. They tell us the results and these we publish again in the CLINIC. So that the recommendations of certain drugs or procedures represent not our individual opinion so much as the experience of many practitioners. For that reason intestinal antisepsis and catharsis, and heart-tonics, have frequently been advised because many thousands of physicians have reported their value in many different cases.

If you, Doctor, are aware of the state of education in the masses of our profession, not simply in a few cultured gentlemen connected with faculties of schools like Harvard, but with the vast mass of the profession throughout the entire Union, you will perhaps realize that our function is not the recording of unique experiences of the few, but bringing up the average information of the many. Men in the highest walks of our profession have assured us personally that we wield the greatest influence at present acting on the profession of the U. S., that our educational work is of the greatest interest.

Moreover, things that are perfectly well known to you may not be known to other men, who in other respects are your superiors in knowledge. For instance, a friend of my own who had passed all his college examinations with brilliancy, and had even succeeded in entering the medical corps of the U. S. Navy, a few weeks after passing that examination was, in company with me, visiting. Someone made a remark about "tetter". The doctor sidled up to me and whispered, "What is tetter?" Now if you are familiar with the Navy examination you will fully realize the point. He could pass brilliantly on every other subject excepting some such little, simple, every-day matter as that. I am sure he could have told us all about myxedema or Friedreich's ataxia, but I am certain he could not have treated a cold in the head successfully.

We have many a time in conversation with some obscure country doctor obtained from him information of value; learned things we did not know previously. We believe that with all your knowledge there are many of these men who ask questions that appear simple to you, who could enlighten you on things they know and you do not. If not, you are the most erudite man who walks this fair earth.

The commercial feature of our replies is inseparable from our work. We have found an enormous demand for intestinal antisepsics. We have prepared antisepsics to meet this demand; they are used with advantage by many thousands of physicians. They are useful in many thousands of cases. So with the eugenol-aristol with petrolatum. This mixture meets wants never before fulfilled, but since putting it out the reports of those who used it have induced us to materially modify the manner of using it. If any physician finds a better remedy and reports it to us, we will give it the same chance.

You speak, however, of the value of a careful study of drug-action. This is exactly what we want, and we simply scour the world to obtain it; going over the literature as published and writing to everyone we think would be able to supply us with facts. Some time ago we addressed a circular letter to every therapist of prominence in the world, offering to pay any price for material of the kind you mention. Few responded. I may say in confidence, however, that in one case we paid \$50 for a single article on the subject.

Now, Doctor, why cannot you aid in this matter by contributing just such material as you describe? You cannot appreciate the need of such things unless you have made studies and observations in this line yourself; and if so, come and help us educate that part of the profession which needs it. Members of the staff have for a long time been at work collecting everything published in English, German, French and Russian on drug-action, physiologic and therapeutic, and this will appear in due time.

As far as alkaloidal medication is concerned, there is nothing secret about it. We simply advocate the use of old agents whose action is well known, only in simpler, more accurate and active forms. If the doctor wants to use an agent, we simply suggest that he shall use one of known strength instead of the uncertain older remedies. Do you find anything commercial in that, Doctor? I sincerely hope that you will let us hear from you again. One more word about commercialism: The journals which have obtained the largest circulation among the physicians of the U. S. are those which, like the CLINIC, are educational. But what do you think of the fact that the *New York Medical Journal* was not self-supporting? Think about it a little. If 500 people alone can be found to subscribe for a journal, it might be pre-

sumed that just that many find that journal meets their needs. If 25,000 buy the CLINIC, is it not fair to infer that it meets the needs of that many? Nobody is coerced into buying it. But it deals with the things of our every-day life, and does not, like a paper on Dermatitis venenosa in the *Boston Medical and Surgical Journal*, enumerate many poisonous plants and say not a solitary word on the treatment.

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Blessed word is that—"occupation." The new education is bound up in it. The health of the child is contained in it, the safety of the saint is represented by it and the progress of humanity is dependent upon it. Hence the logic of the demand for more manual training in the school and home; more opportunity to do; less demand for exercise of the mind without corresponding exercise of the hand.

#### CRITICISM.

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We editors of the CLINIC are earnest seekers after truth. We try to tell the truth, as we see it. We are optimists in therapeutics, believing that the good God who created this beautiful world for our delight never inflicted upon humanity an ill for which He did not also create a remedy. And in looking back over the history of medicine we find that men feeling as we do have discovered many of these remedies, and successfully applied them to the cure of disease. We fully believe this work has not been completed; that there remain many more such therapeutic applications to reward the industrious seeker, and that the harder and longer and more intelligently he works the more success he will win.

But we do not know of a solitary discovery by a therapeutic pessimist or nihilist, nor do we believe such a one ever made any such discovery; and, in fact, as to the real object of his creation we are in the same painful condition of doubt as we are concerning the true mission of the flea, the bedbug and the mosquito.

New subscriptions begin with January—the rest of this year free.

Now in pursuance of our principles we have published some of the many thousands of letters we have received, commending various agents in the newer therapy. And we have also published the very worst ones received by us condemning these agents, because we wish to be fair, to know the objections, to ascertain the limitations of each remedy, to comprehend the difficulties met in applying these new remedies.

In some instances this has developed valuable points as to their application, such as Dr. Landrum did in the application of euophen to the uterine cavity. But more frequently the criticisms are based on misconceptions as to the dosage and applications of the new drugs, and too often they are simply expressions of that peculiar spirit with which physicians regard radical innovations in therapy.

We all feel it. The writer well recollects how he felt when some one told him a physician was experimenting with the active principles, and how he gave drugs that were toxic in doses of one-thousandth of a grain. The sentiment aroused was strong disapprobation; and for years the present writer sought to defend the galenics against this innovation. He persisted in claiming that *nux vomica* was preferable to strychnine as a tonic, coca excelled cocaine in alcoholism, ipecac was better than emetin in dysentery, cinchona better than quinine both as a tonic and as an anti-malarial. And he read with relish and reproduced in his writings all that favored this view, in current medical literature.

Moreover, he had a secret antipathy to the idea of using the alkaloids, believing that their properties had been worked out by experiment with an accuracy unheard-of in the old medication, and that their action was fixed upon certain pathologic conditions rather than upon the specifically designated diseases; and that this would necessitate a new study of

pathology and therapeutics, far more difficult, profound and painful than the old way. And for this he had no inclination. He preferred to go on in the old way, and simply take up the alkaloids from time to time, as one occasionally proved useful empirically in certain maladies, as hyoscine in paralysis agitans, pilocarpine in erysipelas, atropine in the choleras, etc.

He knows better now. The study was finally forced upon him, but how rich has been the reward! Those "pathologic principles underlying disease," that looked so formidable, turned out to be the most wonderful helps in simplifying therapeutics. They proved a key to many an illy-understood problem, and in fact the presence of one or other of half a dozen pathological conditions in nineteen-twentieths of the cases that come to the doctor for help, reduces his therapy to a simplicity, exactness, efficiency and certainty that were simply unthinkable under the old regime.

Now, my good brethren, who sat with me at the feet of Gross or Flint, go and do likewise. Beard the lion in his den, and he will prove a very pleasant tempered, amiable beast. Dosimetry is not nearly as difficult as it looks. Get Castro or Burggraeve, and learn exactly what the peculiar principles are, and you will not fall into the errors of those who begin to use the alkaloids without first studying the how. When a man writes us showing that he thinks we urge the use of gr. 1-67 of morphine every four hours, instead of gr. 1-4, we know he has begun on the granules instead of on the literature. Now just suppose that man has never fired anything but a muzzle-loading shotgun in his life, and somebody puts in his hands a Winchester pump. See him try to work it as he did his old gun! Ha! ha! But if he just reads over the card of instructions, he soon "gets onto the hang of it." And

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then—he goes back to the old gun, does he? Not much!

After all, the kind of world one carries about in oneself is the important thing, and the world outside takes all its grace, color and value from that.

### RHUS.

The poisonous (and remedial) principle in *rhus* is a volatile oil known as toxicodendrol. The dry herb is inert.

Chestnut, in the *Bulletin of the Department of Agriculture*, recommends as a remedy dilute alcohol (45 to 70 per cent), saturated with lead acetate, well rubbed into the affected skin.

Ellingwood speaks of *alnus*, *apocynin*, hydrogen peroxide, *echinacea*, *pilocarpus* and sodium bicarbonate, as remedies. An ounce of tincture of *lobelia* in a pint of water, applied locally, cures rapidly.

Webster treated a case with *echinacea* locally and internally, and the patient was henceforth immune against *rhus*.

Levick found powdering with aristol useful. Van Harlingen favors lead water and laudanum, but speaks of white oak-bark infusion, quinine ointment (one part to eight), sodium bisulphite (five per cent solution, with one per cent of carbolic acid).

Hardaway praises zinc sulphate (one part to fifteen of water).

Butler adds fl. ext. *hamamelis*, and that of *serpentaria*.

Pfaff advises the sufferer not to use oils or ointments, as they dissolve toxicodendrol and spread the eruption. Alcohol also dissolves it, and should be washed off with water.

In the bulletin above quoted Chestnut enumerates poison ivy, *rhus radicans*; poison oak, *rhus diversiloba*; and poison sumac, *rhus vernix*. The first prevails from New England to Eastern Texas, Kansas and Minnesota, and in the moist regions of the West except California,

where the second variety replaces it, from Vancouver to Mexico. The sumac grows in damp places from Florida to Louisiana, north to Canada.

To believe a thing impossible is just the way to make it so. Success lies in the repeated effort with a faith that you can and a determination that you will win.

### INDIGESTION.

An enterprising (?) Philadelphia house is advertising a remedy said by the promoter to contain the "combined principles of indigestion"! As the preparation is strongly alcoholic the unintentional truth-telling is very funny.

Every person has two educations—one which he receives from others, and one, more important, which he gives himself. The strong man uses that which is in himself, the weak man merely copies others.

### "RABIES—BABIES".

In the *N. Y. Medical Journal*, Sept. 29, 1900, is an editorial upon the outbreak of rabies in the District of Columbia. In the table of contents, however, the word "babies" is used instead of "rabies". Now, we were smartly taken to task for converting the red-bug into a bedbug, which after all is only a difference in kind; but to transpose hydrophobia into an epidemic of infants is a metamorphosis from which even the genius of an Ovid would shrink. Is not rabies a bad enough infliction for the disfranchised sojourners in our national capital?

Life only avails, not the having lived.—*Emerson*.

### GONE UP HIGHER.

Dr. I. N. Love has followed the example of Sims, Bozeman, Wyeth, and many others of the brilliant galaxy of medical

We offer the remaining issues of this year to all new subscribers.

men developed in the south, who have found their place in New York.

And strictly at the top. There is where Love will join them. His buoyant spirits, courtly ways, quick appreciation and fertility in resources will be fully appreciated in the great city, where there is always a demand for The Best, and only The Best, of everything.

Dr. Love has accepted a chair in the department of Internal Medicine in the Post-Graduate Medical School and Hospital (20th St. and Second Ave).

His address is "The Iroquois," 49 West 44th St., New York City.

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Every noble life leaves the fiber of it interwoven forever in the work of the world.—*Ruskin.*

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#### ALKALOIDS AND DOSIMETRIC MEDICATION.

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The *Vermont Medical Monthly* has the following to say on Alkalometry:

"One of the best outgrowths of modern therapeutics has been the development of the alkaloidal form of medication. The use of the alkaloids has made possible the scientific administration of remedies, and brought medicine out from the shadows of empiricism into the clear light of an exact science.

"The Dosimetrist utilizes the alkaloids and all other forms of medicaments which have proven of therapeutic value, but divides them up into definite accurate doses and takes the smallest amount that is potent as the minimum dose. This minimum dose, in the form of a granule or little pill, is the unit and forms the base of the internal application of drugs to diseased conditions. Since the single granule is the minimum dose, the conditions present define the multiple of granules or their frequency of administration.

"The dosimetric method of administering drugs has much to commend it. It is handy and convenient, it necessarily

utilizes only those drugs of known action, and it permits the closer and more precise application of the correct remedy to the exact and special condition.

"Considerable criticism has been expressed concerning the advocates of the dosimetric method whenever medical men have discussed the subject, but the adverse nature of the criticism has been inspired by misunderstanding. Those who favor the system, and their numbers are increasing, do not for a moment claim that they are votaries of a new school. The science of medicine, as we latter-day practitioners have come to know it, is the art of healing. Methods are nothing, only so far as they are efficient, and the modern Esculapius is only limited in the nature and form of his remedies by the needs of his patient. In the presence of a diseased condition there is only one great duty of the physician, to restore that condition to the state of health. He can choose any method of doing this, but success admits of only one result. *How* one cures is nothing—that one *does* cure is everything.

"Therefore, if the dosimetrist can do what he claims, and a greater familiarity with the system or method certainly justifies those claims, we have only to say—success to him. We recommend the papers in this issue to the careful attention of our readers, but let those who read neither condemn nor reject until they have tried dosimetry. Anything which purports to make our efforts more successful is worthy a trial, and in this age of new things we should hesitate in condemning any new methods until we are absolutely sure of the stand we are taking, for the words of today may prove embarrassing tomorrow."

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The man who marries a woman because he is sorry for her is pretty sure to be sorry for himself sooner or later, and *vice versa*. Reforms and desirable conditions unattained before marriage are seldom honestly attempted thereafter.

# LEADING ARTICLES

FOUR PHTHISICAL REMEDIES WHICH HAVE PROVED MOST  
VALUABLE IN THE AUTHOR'S EXPERIENCE.\*

BY THOMAS J. MAYS, M. D.

 R BENCE JONES in his classical lectures on Pathological Therapeutics says (p. 12) : "All our knowledge usually passes through three stages as it advances to perfection. First a stage in which we think we know everything; then a stage in which we find we know nothing; and finally a stage in which we rapidly obtain those clear ideas in which all sound knowledge consists." How truly applicable are these observations to the therapeutic history of pulmonary phthisis! How often have we been flushed with assurances that the right remedy for this disease was at last in our immediate grasp, only to realize in the end that we had again been misled into sowing a harvest of barren regrets. And is it not also true that in the struggle to relieve and cure this disease, its efficacious remedies are found to be those which have been slowly and arduously evolved out of the crucible of clinical experience?

One thing is clearly manifest in phthisio-therapy and that is that an error is constantly committed in efforts to discover a single specific cure for this disease. That there are agents with specific

remedial action cannot be denied, but this is far from admitting that they are specific cures. A specific cure requires a specific condition, and while it may be truthfully said that phthisis is a special disease, yet its manifold causes, its varying concomitants and its changing stages preclude the idea that it is amenable to a single therapeutic agency. Phthisis is a moving condition rather than an anatomical entity, and for its successful treatment a diversity of resources are required.

Now whatever the intimate nature of pulmonary phthisis may be it must on the whole be regarded as a disease in which not only the lungs are implicated, but in which the brain and nervous system, and especially that part of the latter which supplies the respiratory organs, are seriously concerned. Indeed the easily demonstrable proposition may be laid down that any agent, influence, or condition that undermines the integrity of the brain and nervous system strongly tends to produce pulmonary phthisis. The nerve-element is, therefore, of primary importance and must largely determine the line of treatment which is taken up, and in pursuance of this principle I have for some years endeavored to em-

\*Read before the Pennsylvania State Medical Society,  
1899

See Premium and Subscription Blank—Rest of 1900 Free.

ploy such therapeutic measures, the action of which is to conserve and to repair the nerve-energy of the consumptive-body. Among the leading agencies of this kind are rest, nutritious food, strychnine, and counter-irritation over the vagi, which I believe constitute the four most valuable phthisical-remedies so far as my experience goes.

*Rest.* The value of rest is best realized when we acknowledge the fact that phthisis is essentially a state of exhaustion. It is a fatal drain on the constitutional resources, and a living warfare between the forces of the body and those of the disease. The line of antagonism which divides these forces is neither hard nor fast, but shifts its position in accordance with the ebb and flow of the consumptive's vitality. When he is weak the disease advances, and when he is strong it recedes. The therapeutic indications are, therefore, towards strengthening the constitutional vigor and resistance. This can only be accomplished by economizing the bodily forces, *i. e.*, by diminishing the outgo and by increasing the income of the patient—and I believe that physical rest in pure air is one of the most valuable means in securing this end. It is, therefore, good policy to confine most consumptives to bed—especially those whose fever is irritable and is easily disturbed—and to keep them there until the fever is reduced to or near the normal line, and is not readily forced above that point by gentle exercise. At this stage of the treatment exercise should be instituted but not before.

*Food.* Food is the medium through which the consumptive's physiological capital is increased. It is the material which serves to build up the tissues and supplies the force with which these are kept in running order. What kind of foods ought such patients to have? Clearly those which contain the greatest amount of concentrated nutritive ma-

terial in the smallest bulk, and which requires the least expenditure of vital force in their digestion. Foremost among these are freshly expressed beef-juice; beef, broiled, roasted, rare, or scraped, roasted lamb or mutton; eggs, raw or soft boiled; milk, cream, oatmeal, soups of all kinds, ice cream, asparagus, lettuce, celery, potatoes, peas, beans, coffee, tea, chocolate, oils, spices, pepper, salt, etc. Meals should be served five or six times a day. Feeding by the rectum, either by injecting beef-juice, milk, eggs pепtonized, or fresh blood, or by introducing scraped beef to which pepsin is added, by means of large hollow suppositories.

*Strychnine.* One of the most valuable drugs in the treatment of phthisis is strychnine, which has a special elective action on the whole nervous system, and particularly on that part of the latter which is distributed to the pulmonary organs. Therapeutically it raises the tone of the nervous system, and especially that of the respiratory nerves, and aids digestion, assimilation, and blood-building. These effects are probably best brought about by beginning with a moderately small dose of the drug, say 1-32 of a grain four times a day, given for a week, for the week following increase the dose to 1-24 of a grain, for the third increase it to 1-20 or 1-18 of a grain, and so on, making a slight increase every week until nervousness, restlessness, twitching, etc., —the incipient signs of strychnine poisoning are observed. The chief idea is to safely impress the nervous system with the strychnine-influence, and after this point has been attained, the dose which produced it may be continued, or a smaller dose may be given and gradually increased again until the point of toleration is reached once more. This see-saw method may be continued for months.

The definite remedial effects of the drug show themselves in various direc-

tions. The nervousness and sleeplessness are ameliorated; cough, expectoration and dyspnea will diminish; vomiting improves; the appetite revives, and the patient gains in flesh; the weak and irritable heart becomes quiet and stronger, and the general strength revives.

*Counter-irritation over the vagi in the neck.* Last but by no means least comes the hypodermic injection of silver nitrate over the vagi in the region of the neck, which I have employed for more than two years and with increasing confidence. The results in forty of my earliest cases thus treated, and which were reported in *The New York Medical Journal* for February 11th, 1899, are at present as follows: The incipient cases, which numbered seven, are all well and at work or able to work; of the advanced cases, which numbered eighteen, five died, two continued invalids, and eleven are well and at work; and of the far advanced cases, which numbered fifteen, twelve are dead, and three alive—two of the latter being able to do light work. Concerning the high death-rate among the last class it may be said that seven of these were certain to die when the injections were begun and the latter were merely given for the purpose of ascertaining what influence they are capable of exerting on the symptoms of this stage. Taking it all in all, therefore, there remains twenty, or fifty per cent who are practically well at the end of one year and nine months after they were reported.

To produce the desired amount of counter-irritation it has been found that v minims of a 2 1-2 per cent solution of silver nitrate is adequate in most cases, and for its introduction the following plan has been found feasible: Inject v minims of a 2 1-2 per cent solution of cocaine hydrochlorate; detach the syringe from the needle—leaving the latter in the puncture. Wash out the syringe with water, draw the silver solution into the

syringe, attach the latter to the needle and throw in v minims of a 2 1-2 per cent solution of silver nitrate. The point selected for the introduction of the needle is immediately over, or slightly behind the pulsating carotid artery in the neck, midway between the angle of the lower jaw and the clavicle. To avoid puncturing the underlying blood-vessels the skin is to be lifted between the thumb and forefinger of the left hand, and the needle is just to penetrate through the cutaneous covering. The injections are to be repeated once a week or every ten days, or oftener if necessary. Both sides of the neck may be injected, but it is best to begin and to give most of the injections on the side of the neck below which the affected lung is located.

During the last two years I have given the silver nitrate injections in about two hundred cases of pulmonary phthisis, and with greater and more lasting benefit than I have ever derived from any other single agent. This method, like every other, brings its best results, of course, in incipient cases, but it has by no means been devoid of beneficial influence in advanced and far advanced conditions. In most patients of the far advanced class it is, however, only a temporary expedient, although I have seen it bring about some remarkable and altogether unexpected results in exceptional cases of this kind. On the other hand some of the patients who derived the greatest benefit belonged to the advanced class. The following deductions may be drawn from my experience with this remedy in so far as its influence on the salient points of this disease are concerned: It relieves cough, expectoration, dyspnea and vomiting, increases the appetite, improves general strength, ameliorates the physical signs, abates fever and night-sweats; and increases weight.

Dr. Gosman of Kings County Hospital

in Brooklyn, reports\* the results which he derived in the treatment of twenty cases of phthisis with this agent. He says all his cases had been treated before without any benefit, that the surroundings, habits, general treatment, etc., were identical in all of them before and after treatment, and that fifty per cent of them had complicating diseases, like mitral and aortic regurgitation, tubercular abscess, gastritis, double hernia, nephritis, etc., conditions which were anything but favorable to good results. In seven of the eleven incipient cases that improved in flesh there was an aggregate gain of  $39\frac{1}{4}$  pounds, or an average of five pounds and a half—a result which is not an unfavorable exhibition of a remedy when applied to cases in which other treatment had proved futile, especially when it is considered that at least three of the seven had complications. The four other incipient cases failed to gain in flesh. In the advanced and far advanced cases, there was practically no gain in flesh, expectoration ceased entirely in two, improved in ten, and failed to improve in eight cases. In those cases in which a record is given of the physical signs it is shown that these disappeared in one, improved in three, and became more pronounced in two, the temperature improved markedly in five, slightly in eight, and did not improve in seven cases. Its action on the night-sweats seems to have been most uniform and constant. This symptom abated entirely in eighteen and improved in two cases. The general strength, appetite and sleep improved in about half the cases.

Dr. G. H. Franklin, of Hightstown, New Jersey, reports\* a case of phthisis in a male, aged fifty, who on January 7th, 1890, had an attack of grip, although he had not been well since the previous fall. Before February 1st, 1890, when he received the first injection of silver nitrate

over the right vagus, his temperature ranged from 101 to 103 degrees and his pulse from 100 to 110, and he had night-sweats, profuse cough and expectoration and lost flesh rapidly. His treatment had consisted of alcohol baths, rest in bed, cod-liver oil, hypophosphites, strychnine, creosote, forced feeding, and codeine to control cough. On the first of February when the case showed no improvement he received an injection of siver nitrate on the right side of the neck—treatment and everything else being as before the injection was given. On the fourth day after the injection his cough and expectoration had practically disappeared, so that the codeine was discontinued, and on the fifth day his temperature was normal, pulse fell to 80, respiration to 18 and 20, night-sweats ceased, appetite improved and he began to gain in flesh, the whole aspect of the case was changed, and he improved rapidly. He received two more injections a week apart. On December 12th he weighed 130 pounds, and estimating that from that date until February 1st, 1890, when he was not able to leave his bed to be weighed, he had lost at least ten pounds, his weight on the latter date would have been 120 pounds. February 25th, twenty-four days after the first injection, he weighed 148 pounds. On March 6th he reached 152 pounds, having gained approximately 32 pounds in 32 days. The latter is ten pounds heavier than he weighed for ten years, and he maintains the same up to the present time.

Some of my patients who made a rapid recovery gained in weight as follows: Thus of five patients who gained most, one gained five pounds the first week after the injections were given, six pounds the second, four pounds the third, and three pounds the fourth week—gained altogether twenty-three pounds. Another lost one pound in two days immediately preceding the first injection, gained one

\**Philadelphia Medical Journal*, April 15, 1890.

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pound first week after injection, four pounds second, three pounds third, and four pounds in fourth week—gained altogether seventeen pounds. Another lost three pounds in five days immediately preceding first injection, gained two pounds second, two pounds third, and four pounds in fourth week—gained altogether thirty pounds. Another lost one pound during week preceding first injection, gained three pounds first week after injection, four pounds second, and two pounds third week—gained altogether fourteen pounds. Another gained seven pounds in first six days after first injection; three pounds second week, and two pounds the third week—gained altogether  $29\frac{3}{4}$  pounds. While a gain of seven pounds in six days is exceptional, I have frequently noted a gain of from two to three pounds after the injections. Not every patient who does well under the influence of the injections gains in flesh. I have observed a loss in some although they improved in every other respect.

Philadelphia, Pa.

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#### THE RECOGNITION OF THOSE LIKELY TO BECOME AND THOSE BECOMING IN- FECTED WITH PUL- MONARY TUBER- CULOSIS.

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By G. H. SOMERS, M. D.

Prof. Physical Diagnosis, Illinois Medical  
College, Chicago.

HE recognition of those likely to become tuberculous is one of the most important duties which the physician, both special and general, gives to his fellow man,

As we look backward and observe how in our zeal to overcome disease, we forget the patient and regard only the tubercle bacillus and how the fond hope of exterminating it was an *ignis fatuus*

leading us into many a pool of defeat and despair, we can but regret that the time and energy thus spent were not directed in the acquiring of more skill in discovering those who are likely to become victims and the early manifestations of the presence of the tubercle bacillus in the lungs.

Had this been done we would now have a better idea of restraining and preventing its harmful influence. The longer we study these points the more manifest does the fact become that the tubercle bacillus does not infect individuals indiscriminately, but, those of a class; as a rule, in whom are certain well-defined and congenial conditions, and that day by day a large number of individuals are gradually being carried into conditions especially favoring the development and dissemination of the bacillus.

The importance of discovering these particular individuals is clear. "A stream is easiest controlled at its fountain head."

As we further examine these points we also find that there are very many factors concerned in the production and preparation of this class (which is favorably influenced for the infection) and that to discover these factors in each individual case requires not only skill but diligence.

Among these factors heredity stands prominent. In nearly one-half the cases of the disease we find a family history of it. These families in which there is a nervous element or mental disease, physical impairment, idiocy or insanity in near relatives, and alcoholism in parents provide generously for this class.

*Age.* The class is mainly filled from those between fifteen and thirty years. The youngest children of the family, especially those whose mental condition is

not up to the average are frequently found in it.

*Occupations.* Two terms—indoors, dusty, describe the occupation of the majority of the class. Especially prominent are those coming in contact with lead, mercury or brass, those engaged in bronzing and gilding, workers in rubber factories, members of fire departments, the seamstress and school-girl.

*Nativity.* Whether due to the number here in the city or to other predisposing causes, the latter we believe, the percentage of the class made up from the Irish and Scandinavians is greatly in excess of all others combined.

*Residence.* Environment makes an important factor in the class; bad climate, unhygienic dwellings, dark, damp, poorly-ventilated, over-filled and basement sleeping rooms, are very favorable to it.

*Habits and mode of life.* Close confinement, prolonged mental strain, privations, abnormal states, worry, sexual excesses, prostitution, abuse of alcohol, mouth-breathing, cigarette-inhaling, irregular habits in eating and sleeping, uncleanliness and many other habits which necessarily depress the vital force, all aid materially in supplying the class.

*Diseases experienced.* Any serious or prolonged illness which greatly reduces vitality and strength. Measles, so lightly regarded, lays the best of foundations and acquired syphilis frequently precedes pulmonary tuberculosis.

Keeping in mind these factors with many others which, your own observation has taught you, weaken the nervous and physical system, you are able to pick out here and there lives about which should be placed mentally a danger signal, many of which by careful guidance and intelligent warning you will be able to fortify against becoming members of the class toward which they are being so persistently drawn. By so doing you will confer a greater benefit upon

humanity and more likely prevent the ravages of the disease than if you had successfully slaughtered countless myriads of the tubercle bacillus.

*The recognition of those becoming tubercular.* It seems needless to observe that we must be systematic and complete in our examination, yet this is where frequent failures arise. Negligence or indifference in an examination has been responsible for some deaths at least, and it requires the hardest kind of work to keep from it at times.

This tendency can be successfully overcome by writing out in detail upon a card all the points you should obtain or try to obtain in order that you may be thoroughly familiar with an individual's make-up and condition. After having arranged thus a good working outline, place it before you whenever you make an examination and follow it. A record of the examination from beginning to ending should be kept together with the diagnosis, prognosis and treatment. As soon as your outline has become satisfactory to yourself have made a rubber stamp embodying the outline in abbreviation. Stamping it upon a card you will soon be able to record your examination as you can make it.

This record should have information about family history, parents, brothers, sisters, remote relatives, wives, husbands, and children, personal history regarding diseases, habits, occupation, manner of living; pulse, respiration, temperature, height, chest circumference, expansion, weight (every person under medical care should be weighed at least fortnightly), the functional activity of all the important organs. Our subject having to do only with the recognition of those becoming tubercular, we will at once begin the physical examination of the lungs. The physical signs hereafter presented are not those from a single individual, but from the composite of a large num-

ber of individuals. In single individuals we usually find but few of them, but their relative importance is so great that there is not much difficulty in arriving at a correct diagnosis.

*Inspection.* A careful look at the composite reveals an individual inclined to angularity and thinness, slight build, face lengthened, wrists and ankles small, high cheek bones, supra-maxillary region depressed, alæ nasi very thin or very thick, nares long and narrow, both maxillary bones inclined to acuteness with a crowding out of the teeth; teeth imperfect and decayed (an individual with good teeth is not frequently seen suffering from pulmonary tuberculosis), tonsils abnormal, skin thin, veins well-marked, organization generally delicate, eyes large and bright, pupils unequal and dilated, the younger the patient the more marked the dilation.

The larynx and pharynx are peculiarly pale with straggling red vessels running in the mucous membranes. The pharynx is irregular in contour, appearing as if the head had been placed on the neck diagonally, discernible in most cases, more marked in some than others. I do not find mention of this in literature, but I believe it to be an important sign. The thorax, which must be naked, appears small at the upper part and contracted in comparison with the other parts of the chest, the color of the skin is not clear and uniform, certain areas, protected by the clothing appear as if browned by the sun, the ribs are light and slender, the epigastric angle is less than a right angle, the sternal end of the clavicle is on a level or higher than the acromion end. One scapula is more prominent and farther removed from the spinal column, there is a noticeable irregularity in corresponding parts of the chest, shown by the cyrtometer and is especially marked in the lateral axillary lines with the hands clasped over the

head. The muscles seem better developed on one side of the thorax. There is a marked diminution in the size of the sterno-cleido-mastoid muscles on the affected side, apparent upon deep inspiration. This I have not found mentioned in literature and while it is found in other conditions, yet its presence in young adult patients, and in those older ones in whom there is a tubercular history is very suspicious. Upon full inspiration and expiration there will be noticed a difference in the extent of the movements of suprascapular, supraclavicular and infraclavicular spaces upon the two sides. Litten's sign is diminished in a number of cases.

*Palpation.* Pressing the finger tips into the intercostal spaces, starting at the apex and going downward, taking each space separately, we find a sensitive and painful area or areas, circumscribed, which when examined by auscultation and percussion shows abnormal lung-tissue. Spreading the finger tips over the epigastrium we detect a greater movement of the diaphragm upon one side than the other. Vocal fremitus is increased over a circumscribed area and careful examination reveals enlarged cervical or axillary glands.

*Percussion.* At best percussion gives us rather doubtful evidence. Slight impairment of resonance is easily overlooked upon the left side, as in health we have a slight impairment of resonance on the right side and upon comparison the sounds are so nearly identical that we readily conclude the sound is clear, yet if we auscultate the same areas we find a difference in the respiratory sounds. We are here speaking of a condition in which there is not sufficient congestion to produce dullness. Percussing the upper limit of the lung above the clavicle we hear that in inspiration the resonance does not reach as high upon one side as the other, and as the disease advances to consolida-

tion the high point of resonance will be higher upon the neck in expiration than inspiration. The lower border of the lung on the affected side does not show as great an excursion between inspiration and expiration. As the disease advances we may get exaggerated resonance over the lesion owing to the failure of the inspiratory act to distend the alveoli. The walls are flaccid and exaggerated resonance results instead of slight impairment of resonance which attends the early, moderate degree of congestion. This exaggerated resonance is differentiated from the tympanitic resonance of a cavity in that the pitch does not change when the mouth is opened and closed.

*Auscultation.* Auscultation gives us the earliest and most positive physical signs of the presence of pulmonary tuberculosis.

As we consider separately the quality, pitch, rhythm and intensity of the respiratory sounds we discover slight changes from the normal in one or more of these characters. As a rule the bacillus will find the most congenial abiding-place in functionally abnormal tissue and preferably in diminished rather than in increased activity. Hence at the time and for some time after the infection there is likely to be found over its abiding-place only a diminished intensity of the respiratory sounds. As the process advances we have changes in both inspiration and expiration at the site of the lesion. Inspiration changes from a soft to a rougher and harsher quality, the pitch rises, the rhythm or length is shorter and instead of being continuous it is broken at intervals, producing the so-called jerking respiration.

Expiration changes in quality slightly, the intensity increases until it approaches inspiration, pitch gradually rises till it is higher than inspiration and the rhythm is lengthened till it equals or is longer than inspiration. When all these changes

have taken place, we know that there is marked or complete disablement of the lung-tissue at that particular area and that the case has passed beyond the point of an early stage.

These areas are most frequently found in the supraclavicular, infraclavicular, axillary, suprascapular and subscapular regions. Vocal resonance is generally increased over the lesion. Vocal resonance and fremitus must be compared at similarly-located points as the nearer the larynx and the thinner the chest-wall the greater both resonance and fremitus. After auscultating in the erect posture and no rales are found the patient is examined lying upon the back with legs drawn up; in this position we often find circumscribed rales. Early in the disease they may be sibilant, subcrepitant or crepitant, the importance being in that they are heard on one side over a localized area and upon lying down only. With the patient upon the abdomen in the suprascapular region is frequently found a circumscribed dry musical sound.

The urine aids us in no particular way in discovering early stages of the disease. Several peculiarities may be noted: it changes very slowly to an alkaline reaction; after a few days develops an odor not unlike that of a glue factory; grows darker as it stands in the sun, becoming black in several weeks. The urea and earthy and alkaline phosphates are abnormal in quantity, either below or above normal. The diazo-reaction is frequently found, but being found in a number of other diseases, especially in the young, it does not aid us much. This, however, is certain, whenever found it means a disease and the more marked the reaction the more serious the trouble. Its presence in tuberculosis, however, in my experience has not always been attended with fatality as some observers hold.

*Examination of sputum.* The finding of the tubercle bacillus is pathognomonic,

but as they are not likely to be found until the tubercle is breaking down they are rarely found in early cases. The administration of ammonium or potassium iodide in small doses for several days, sometimes makes the finding of them more possible, as well as intensifying the abnormal physical signs. A case showing loss of weight, sense of fatigue, poor nourishment, stomach and intestinal indigestion, hacking cough upon arising, a daily rise in afternoon temperature, renders the diagnosis of tuberculosis very probable, though no bacilli are found.

*Examination of the blood.* This gives us no conclusive evidence, as in the early stages there may or may not be marked changes. Future study may give us something of value, but to-day so far as the general practitioner is concerned, examination of the blood does not aid him in detecting the early presence or absence of the tubercle bacillus.

*Tuberculin.* The presence or absence of the reaction indicates in the majority of cases a like presence or absence of tuberculosis.

Those who have had the greatest experience with it say: "We need more light upon its action." The possibility of doing more harm with it than the information can do good makes its use questionable to many, especially so since the presence or absence of a tubercular lesion in the lung would make slight if any difference in the treatment for several weeks, during which time by other means we can arrive at almost as correct conclusions.

*Roentgen Rays.* In the fluoroscope or fluorescent screen lies the most valuable aid to discovering the early abnormal conditions following the presence and activity of the tubercle bacillus, conditions which are not discovered by physical signs; and long before its use is as old as the microscope our skill will be just as exact in determining pathological condi-

tions and its employment just as common.

*Symptoms.* A frequent cause of failure to detect these early cases is the expectation of finding a series of well-marked symptoms. Unfortunately the instigator of the trouble is very subtle and only after being thoroughly ensconced do the series of symptoms arise. These early cases are usually among those who are seeking advice and treatment for what they consider some unimportant ailment and only by making every examination thorough and complete and by constant vigilance is it likely that they will be detected. Symptoms common to all are very few. Among the most frequent complaints are unusual fatigue and weakness, a slight though noticeable shortness of breath upon exertion, the spirometer shows diminished capacity. Sleep is disturbed, the appetite is poor; information regarding the appetite must be obtained from friends or the statement of the patient as to exact quantity of food consumed at a meal, for they almost always declare their appetite good; frequent colds in the head and weak throat, indisposition to take exercise, hacking cough early in the morning, with no expectoration; sluggish circulation; sharp pain under left scapula or localized at the upper part of chest. A pain occurring at one spot for any length of time is a very suspicious sign. The pulse is quickened and the normal change in frequency from sitting to standing is absent.

The temperature shows a daily exacerbation of fever, though slight between the hours of one and five p. m. This sign alone if present for a number of days should make the diagnosis of the presence of tuberculosis exceedingly probable. This forms the picture of many an individual whose ailment is being diagnosed as almost every conceivable thing but the right thing, on account

of the negligence of the physician, for with ordinary diligence at least a great many of these cases may be discovered before they reach the fatal line, beyond which it is impossible to heal or control the existing destructive process.

Chicago, Ill.

### PULMONARY TUBERCULOSIS.\* ITS PREVENTION AND TREATMENT.

BY DAVID R. FLY, A. M., M. D.  
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**P**REPARATORY to the reading of my paper on Pulmonary Tuberculosis — its prevention and treatment, I wish to say that the subject and substance of the investigations therein set forth, were formerly presented by me, in a paper before the North Texas Medical Association, at Dallas, Texas, in December of last year. Pursuant to the request of several friends, following the bent of my own inclinations, increased doubtless, by a recent and somewhat exhaustive study of the subject, I herewith present an amplification of my former thesis.

In my former paper I conceived the idea of calling this malady the Vampire disease; for truly like the mythical bat, it sucks the life-blood and saps the vitality of its unfortunate victim; it is most subtle in its devastating ravages on the human system in so much that tubercular subjects will rarely admit until after the second stage is far advanced, that they are victims of this dreadful malady. From the Arctic regions to the Gulf of Mexico, and from the Atlantic

coast to the Pacific slope, it yearly fastens its deadly tentacles upon the bloom and youth of our country, selecting by choice those just entering into the pleasures and hopes of young adult life. It annually causes more deaths than all other diseases combined. Osler, a most eminent authority, states that one million, two hundred thousand people, at any given time in the United States are affected and that 13,000 die annually in New York with pulmonary consumption; and many other states furnish a corresponding mortality. We can scarcely comprehend what these figures signify. Osler states, further, that one in every fifty persons in this country is affected with tuberculosis. Thus we see that one-fiftieth of the population of the United States to-day are tuberculous subjects, and unless some active measures are instituted to prevent its further spread, we will soon become a nation of consumptives. It is now a well-established fact, that to some extent this disease is contagious, not by a single contact with the affected, as in the case with scarlet fever and smallpox, but by close association, as in the family circle, or those occupying for any length of time the same quarters. Medieval physicians were not ignorant of the contagious character of tuberculosis, as evidenced by the fact that as early as 1700, it was a common practice to isolate consumptives from the public, after the lungs had become ulcerated. After the death of the patient his clothing and all his belongings were burned, and sometimes even the house he lived in was burned, or thoroughly renovated.

Webber has observed a case of a tuberculous husband who lost four wives in succession; another who lost three, and four others who lost two each. The statistical studies of many other authorities have shown that the disease spreads through factories, prisons, and many

\*Read before the North Texas Medical Association, Dallas, December 12, 1899. Revised and read before the State Association, Waco, April 24, 1900.

other similar institutions where people are congregated. The chief medium of contagion is the atmosphere impregnated with dry particles of sputum expectorated upon sidewalks, flooring, bed or clothes, etc. It is obvious, then, that those engaged in making beds, and sweeping and dusting rooms occupied by tuberculous patients are most exposed. This danger, however, can be materially lessened by sprinkling the rooms with a solution of Platt's chlorides, one part to eight parts of water. Every municipality should pass laws requiring every consumptive to expectorate in anti-septic vessels, and to destroy the contents of same by burning. Suitable cups can be purchased filled with carbolized oakum, for use upon the streets and public places, contents to be destroyed by fire as often as necessary, and filled with the same material. Every apartment occupied by a consumptive should be thoroughly fumigated and disinfected before being occupied by any other person. These precautions would be a potent factor in checking its progress.

No doubt there are also cases contracted by using the same drinking-vessels. Many strong men and women whose vitality is temporarily lowered by some current disease of the season, notably la grippe, typhoid fever and pneumonia, are stricken with this fearful malady. Other cases are contracted simply by occupying the same sleeping-berths or beds, previously occupied by a consumptive; in fact by no means the least formidable feature of this disease is the subtlety and the various forms for its contagiousness, no one, even in the prime and vigor of health seems entirely safe from the dangers of its onslaught under suitable conditions, and it requires no temerity to aver that scientists and humanitarians have no more difficult problem to solve than its sequestration and final extinction.

Direful as the foregoing facts appear, and really are, there is a rainbow of hope in the certainty that under proper climatic conditions combined with scientific treatment and systematic hospital service a goodly per cent of tubercular cases will be susceptible of cure, and what is more important is that the ravages of the disease thus confined can be so reduced year by year, that eventually consumption will be an obsolete term in medical science.

For half a century the medical fraternity has recognized the increasing prevalence of this disease, but not until recently has any feasible plan been proposed to check its headway. Philanthropic and scientific minds of Europe, ably seconded by leading specialists of America, after wrestling long and earnestly with the problem, have come to the conclusion that the only possible means of arresting the universal supremacy of consumption over the human system, is the isolation of the patient in a properly equipped sanitarium, enjoying a climate conducive to the cure of tuberculosis in its incipient stages; even in states whose climatic conditions are such that the cure of the patient is impossible. A place of seclusion must be provided for those afflicted in protection to the safety of the general populace. It is hardly necessary to quarantine against consumption, but isolation, and proper sanitary precautions are now an absolute necessity.

It is only a question of time when legislative action will be taken by all civilized states, toward this beneficent end. It remains for some one of the commonwealth of the Union to take the initiative in this important line of humanitarianism, and I understand the State of New York has already done so.

No state has more intelligent and progressive people than Texas. No district on the face of the globe has a more salubrious climate than the tablelands of

Northwest Texas, known as the Panhandle, and its peculiar efficacy in staying the destructive onslaught of this disease, and bringing about an eventual cure, makes it the natural sanitarium of the world.

The object of this paper is to arouse the attention of the medical profession to the gravity of this danger, and through them to call the attention of all the intelligent people and citizens, and especially to impress on our representatives the necessity and importance of inaugurating legislation to the end that our citizens afflicted with tuberculosis may have adequate cure and that the unaffected brawn and sinew of our country may be preserved from its deadly grasp.

Therefore one or more sanitariums should be erected and equipped at the expense of the state. The great majority of consumptives will do better in a sanitarium, and for the poor it is absolutely essential.

The United States government has set aside a reservation on the table-lands of New Mexico, for the erection of a sanitarium for her tubercular soldiers.

Then let us follow this noble example, and do the same for our unfortunate victims of this terrible and fatal malady. There are asylums for the blind and insane; there are homes for the orphans, and domiciles for the poor; there are hospitals for the care of other bodily infirmities; but the significant and deplorable fact remains that no public institution is or ever has been provided for our victims of tuberculosis, the deadliest foe of the human race.

To the imminent consequence of this subject, and the necessity of intelligent action in the premises, I invite your serious consideration.

Treatment: After we have safely landed our consumptives within the portals of a well-equipped sanitarium, located in a

suitable climate, what line of treatment shall we pursue?

Any method in order to be successful must embrace three cardinal points of consideration, viz: proper alimentation, attention to the rules of hygiene and judicious medication.

Diet is of prime importance; it should be both generous and nutritious. Good beef, mutton, fish, oysters, milk, butter, eggs and wild game are among the best; the sweet starches and fats should be absolutely prohibited, when they undergo fermentation and derange digestion. No article of food whatever should be allowed that in any way disturbs the digestive functions; it may be even necessary to use pre-digested foods for a short while in some cases, for it is of the greatest importance that digestion and assimilation be preserved, for through this channel we are enabled to give nature the greatest aid in throwing off and checking the destructive influence of this disease. It is a matter of no little importance that food be well cooked, and attractively served, in order to tempt the appetite and please the palate. It is said by one of our leading authorities, as this is a disease largely of malnutrition, that for the purpose of prognosis, more depends on the condition of the stomach than that of the lungs; therefore in administering our medicines and feeding our patients, anything that disagrees with the stomach and interferes with digestion should be promptly withdrawn.

Attention to the rules of hygiene means proper ventilation, location and disinfection of the patient's apartments. These should be so arranged as to admit of plenty of fresh air and sunshine during the day, and warm and comfortable at night. Pure air and sunshine is the elixir of life itself to this class of sufferers. Consequently every consumptive should spend as much time as possible in an out-of-door life. For those in the in-

cipient stages, such valuable exercise as walking, riding and driving, in connection with such pleasurable sports as hunting and fishing, should be recommended. Walking and horseback riding to the point of fatigue are ideal exercises for this class of patients.

For those able and wishing to engage in some business enterprise I would heartily recommend the live-stock business, in a suitable climate; it is both healthful and profitable. No other business has environments so conducive to the general welfare of consumptives. Those in more advanced stages should be wheeled or carried out each day for the benefit of the air and sunshine. The fever, cough and night-sweats are no contraindication to this, for clinical experience has demonstrated the fact that consumptives in all stages show the greatest improvement under the influence of out-door life under suitable conditions. The wearing apparel, especially the underclothing, should be of the very best grade of wool, as this gives the body the best protection against atmospheric changes. Their sleeping-rooms, besides being well-ventilated, should be provided with suitable antiseptic vessels to receive expectoration, contents to be destroyed as often as necessary by burning.

**Medication:** Though we may not have at hand Karl von Ruck's watery extract of the tubercle bacilli, or Koch's remedies that have not yet stood the test of practical experience, and received the sanction of long use, yet we have many valuable drugs, when judiciously administered, for controlling leading symptoms. For the incipient stages tonics, reconstructive and digestive ferments render valuable assistance in building up and maintaining the vigor and tone of the system. I consider the hematic hypophosphites of Parke, Davis & Co., with addition of a little more strychnine, say a half-grain to six ounces, an ideal tonic

for these cases. Teaspoonful doses after meals. In addition to this when the appetite is poor, and digestion allows, I frequently give some of the bitter tonics in connection with pepsin, pancreatin and hydrochloric acid. Alcohol in the form of good whisky, sherry, claret and white wines, ale, porter and beer, are of material benefit in those cases where it improves the appetite and digestion, thus improving nutrition and lessening tissue waste. These preparations should, however, be prescribed with care, watching their effect in each individual case. In the stage of caseation or softening, in septic fever, cough, expectoration and night-sweats, we have in creosote, carbonate of guaiacol and ichthyol, admirable remedies for controlling the fever, checking the night-sweats, and lessening the cough and expectoration. It is well to alternate these agents with the systemic antiseptics, sulphide and sulphoncarbolate of calcium. My preference is for creosote. It should be given in wine or hot milk after meals, commencing with small doses, gradually increasing to toleration, then drop back to a medium dose, and continue this as long as necessary.

The cough is but a symptom of the general condition, but sometimes this becomes so annoying as to seriously interfere with eating, digestion and sleeping, and needs some special attention. For this condition I want to urge the use of heroin and codeine. They possess all the virtues of morphine, without any of its evil effects. Creosote is an invaluable remedy by inhalation, specially in the laryngeal and bronchial forms. The advent of the nebulizer marks an era in the treatment of these forms of the disease.

I wish here to speak in the highest terms of the value of the nuclein preparations in all well regulated doses several times a day. They are true tissue-builders, increasing the leucocytes and exciting

cell-life and glandular activity throughout the organism. Cod-liver oil,—if we turn to any of our text-books on the practice of medicine, we will find cod-liver oil highly spoken of as food and nutritive tonic. This may be true where the patient can assimilate it; but I have never yet found a patient who could tolerate the pure oil for any length of time without impairing digestion, and when this happens it is more of a detriment than a benefit, and I have long since abandoned its use. I have, however, found many cases that would take it with benefit in the form of an emulsion with the hyphophosphites. There are many preparations on the market, but I am partial to the egg-emulsion prepared by Parke, Davis & Co.

The night-sweats, too, are but a leading symptom of the disease, but frequently are so distressing as to need some special treatment, and for this I want to speak in flattering terms of the value of agaricin, the active principle of agaricus alba, a species of mushroom plant. It is put up by The Abbott Alkaloidal Company of Chicago, in granules of one-sixtieth of a grain each; it is best administered in solution in doses of two granules every two hours for three doses in the early part of the night. It frequently controls the sweats in three or four nights, even where atropine and other well-known remedies have failed. It sometimes causes purging, but this can be obviated by giving small doses of codeine with it, and it has none of the bad effects of atropine. There are a great many other drugs of more or less value in the treatment of this disease that I might mention, but I will only mention one more, that is calomel. This valuable drug should be given whenever indicated, at such a time, and in such doses as is best suited to each individual case. Creosote alone seems to enjoy the confidence of

the entire profession, and upon it we must place our chief reliance.

In conclusion I wish to emphasize the fact that in this day and time, with the present lights before us, that I sincerely believe that a modern sanitarium with an efficient hospital service, situated in a suitable climate, where the patient can be isolated under proper environment, promises us the most efficient means of curing, checking and holding in abeyance the ravages of this terrible and fatal disease. This method has been tried in Europe and various places in the United States with gratifying results. I also wish strongly to emphasize this fact, that in whatever region or clime a consumptive receives a cure, or an apparent cure, or even a benefit, that they should forever thereafter hold their peace and stay by that good Samaritan location.

I wish to make a motion in the form of a resolution, to-wit: Resolved that all the members of the Texas Medical Association be requested to urge, through conversation or correspondence, their respective representatives and senators to take up the matter of a state appropriation for the building and endowment of one or more sanitaria for our consumptive poor; in such portions of the state as may be best adapted to the purpose; and that the chair appoint a committee of three to draft a measure to that effect.

Amarillo, Texas.

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#### SOME NOTES ON TUBERCULOSIS.

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By S. A. MILLIKEN, M. D.

 NOTE with unmitigated surprise the suggestion from several sources, that tuberculous persons shall engage in dairying and the raising of fruits and vegetables for the market. This is one of the last suggestions I should expect from an

alert, up-to-date physician, yet some of those who make it undoubtedly belong to that class. Would these same physicians advise that persons suffering from diphtheria, scarlatina, smallpox, etc., should handle goods for the market? I trow not, yet how much greater would be the menace to the public health?

It seems irrational to kill tuberculous cattle, to destroy milk, butter, clothing, etc., which come from places where other communicable diseases exist, to prohibit the use of sewage as a fertilizer for vegetables, and at the same time to allow and encourage a tuberculous person to handle those goods which, being oftenest used uncooked, are most likely to carry the germs into the system in an active condition; and which being among those specially recommended for invalids are most liable to deposit such germs in tissues unable to destroy them or to resist their action.

The idea seems to have gained wide credence, not only among the laity but in the profession as well, that in order to cure "consumption" it is only necessary to "kill the bugs in the lungs," and that as soon as these delicate organs have been deluged with some irritant and suffocative bacillicide, the patient is, or ought to be, well. Surely no more mischievous notion could be abroad, not even the one which attributes the causation of this disease to "cold," and deems it fully treated with quinine, cod-liver oil and "expectorants."

Is the bacillus tuberculosis ever the primary factor in the causation of the sequence of disease-processes popularly known as "consumption"?

I doubt it very much. Of this much I am certain, that there are few if any cases of true tuberculosis which do not have a pathologic pre-tubercular stage, and if cured a pathologic post-tubercular stage; that while it is true that this bacillus intensifies the disease-process

and gives it a distinctive character, and that true tuberculosis exists only while it is present and active, it is none the less true that its destruction by any other agency than nature's bacillicide—perfect nutrition—does not correct the condition which preceded its invasion, which alone rendered its lodgment possible in the beginning, and which renders it possible again. If we were able to destroy every bacillus lurking within the systems of our tuberculous patients without changing their physical condition, the probability—nay also the certainty—is that by to-morrow they would be reinfected just as thoroughly as now.

So long as every function of the human organism is perfectly performed infection is impossible. So long as the tissues are properly nourished any bacillus, tubercular or otherwise, which may seek lodgment upon or within them, will be very promptly made away with.

If it were not so, all life must have been extinguished long ere this; for who that has given the subject the least study doubts that our bodies are invaded daily, hourly, by myriads of these carriers and propagators of disease?

It is only when the tissue-vitality has been lowered by impaired nutrition, by the irritation of unexcreted products of natural waste and of imperfect metabolism, that they are able to intrench themselves, secure from assault by the defensive forces of the body, and to settle down to their work of elaborating their special poison and propagating their species.

The treatment of this condition may easily be outlined in four words: "Clean up!" "Build up!"

The one important object to aim at being perfect nutrition, such measures must be instituted as will best promote perfect digestion, perfect assimilation, perfect oxidation and perfect excretion.

The injunction to "clean up" is not by any means met by purgation, as many seem to think. A perfect action of the bowels should by all means be sought, but in addition the kidneys must be encouraged to do their part, the lungs must be assisted by deep breathing of pure air to do theirs; and last but not by any means least, the supplementary action of the skin must be promoted by all means within our power. In addition to this the greatest care must be taken in regulating the quantity of food and the proportion of its different constituents, that the quantity of what might be called sedimentary products shall be as small as possible.

Regular exercise is an important part of the treatment. In many cases it must be chiefly passive, in order to conserve as much as possible the vital energy which these patients are so prone to waste, but whenever practicable it should be active and vigorous.

So many measures enter into the building-up process, and their institution depends so much on individual conditions, that it seems scarcely worth while to attempt to even outline them in a paper like this. The avoidance of all depressing influences, physical or mental, personal or environing, is of first importance. Nothing else will so quickly and so thoroughly interfere with nutrition and dissipate energy as low spirits or the indulgence in any form of passion. Nothing else will so effectually promote nutrition and conserve energy as cheerfulness, hopefulness and perfect self-control.

The use of proper foods, properly proportioned, properly cooked, in proper quantity and at proper intervals, is of the utmost importance; the kind of drinks, their quantity and the manner of using, must be carefully considered; the amount of exercise, the kind, and the time and

manner of taking, must be regulated, as well as the amount of sleep, etc., etc.

Germicides have their place in the treatment of tuberculosis and it is not an unimportant one. One of the first measures to be instituted is the antisepticing of the gastro-intestinal tract, and of those foci of suppuration or necrosis which a careful examination will reveal in ears, nasal tract, mouth, throat, urethra, bladder, kidneys, rectum, vagina, uterus, or tubes in every case. These foci as well as those in the lungs must either be removed or rendered and maintained thoroughly aseptic. Often and often an otherwise unimpeachable treatment fails, because of a failure to recognize and treat these foci. The effect on the condition of a tubercular patient of such a simple procedure as the extraction of a carious tooth, or the thorough cleansing of a periodontic abscess, or a rectal or cervical ulcer, will surprise anyone who has never before given attention to this point.

The use of calcium sulphide is always indicated, I believe. I have never yet seen a case in which its regular use was not followed by improvement in the patient's condition.

Pleasant View, Pa.

—:o:—

Good, and very good. Dr. Milliken tells us some home truths that are too apt to be overlooked. The treatment of consumptives is not a sudden foray, but a carefully-planned campaign, extending over a series of years, against a terrible enemy.—ED.

#### ANESTHETICA DOLOROSA.

By E. M. EPSTEIN, M. D.



EITHER name nor subject of the title is to be found in the most recent text-books on therapeutics in this country or in England. Authors seem to be satisfied with referring to local anesthetics. And

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yet, while all painful anesthetics are local, not all local anesthetics are painful.

Liebreich seems responsible for this term and the apparent contradiction it involves. He evidently formed it after the nosological term "Anesthesia dolorosa", and yet while we easily accept this term, we are likely to demur against "painful anesthetic" as much as against an "aching void." However it is not as bad as a "painful anodyne" would be.

In his valuable recent *Encyclopädie der Therapie*, Vol. 1, p. 155, Liebreich starts out by referring to saponin, which, while it is a local anesthetic, is nevertheless not available in medical practice on account of its painfully irritating qualities. Since Koller discovered the local anesthetic property of cocaine, in 1884, a number of other substances were recommended for the same property. Liebreich showed by experiments on the lower animals that many of these substances while they locally anesthetize, yet produce pain at the same time, as is the case with saponin.

This surprising fact is most readily demonstrated on animals that have a musculature in their skins. When the skin of a rabbit or guinea-pig is pricked with a needle there ensues a reflex action which shows itself in a motion of the skin. When a subcutaneous injection is made into such a sensitive skin with an indifferent substance there will ensue no alteration in the reactive capacity. When, however, an effective substance is injected there, a circumscribed space of small diameter becomes insensitive, *i. e.*, a prick with a needle will not result in a contraction of the skin, and even deeper operations can be performed there without the animal's resistance on account of pain. And yet despite this insensibility to external irritation the animal shows an inward subjective feeling of pain by its restlessness.

The eye is peculiarly fitted for testing local anesthesia. It must, however, be kept in mind that there are two kinds of anesthesia in the eye, viz., that of the cornea and that of the conjunctiva. And the reason for this is that the sensitive nerves of the cornea pass chiefly through the ciliary ganglia. Testing the eye with cocaine it will be seen that the cornea is first anesthetized, and when the drug has produced ischemia the conjunctiva becomes anesthetized also. Substances which produce painful anesthesia make the cornea perfectly insensitive, while the sclerotica and the palpebral conjunctiva become red and inflamed and the spasmodic closure of the eyelids leaves no doubt but that there is a painful effect produced at the same time.

We see, therefore, that a local anesthesia can take place contemporaneously with pain. The explanation of this phenomenon may be sought in the assumption that some substances may so affect the sensitive nerve-endings as to set aside their functioning while yet the trunk of these nerves is sensible to the irritation. Liebreich leaves it to further investigations to show how far this assumption is justifiable.

The above considerations have a special therapeutic bearing on antipyrin, which is not only an antipyretic but also an analgesic when subcutaneously given in gouty arthritis, neuralgias, sciatica, hemicrania and in all neuroses of an angiospastic nature. It will also relieve labor-pains, and cannot be given because it will delay parturition. Peripheral pains are relieved only when the injection is made close to the painful spot, but the injection itself is quite painful, and antipyrin is therefore a clear example of a painful anesthetic.

The connection between the chemical constitution of these bodies and their peculiar effects is undiscernible. Chemical substances that stand very near may act

very differently from each other; thus, sodium bromide is effective while potassium bromide is inactive. In the same way are most of the iron salts inactive, while iron chloride produces in animals the clearest effects of a painful anesthesia. Most of the ethereal oils are very excellent samples of this, and the following are the effective ones: Oils of anise, bergamot, calamus, chamomile, caraway, cloves, cinnamon, cassia, cedarwood, citronella, cumin, eucalyptus, lavender, marjoram, origanum, salvia, sandalwood, sassafras, buckthorn, tansy and menthol. Ineffective are the oils of orange, citron, balsam copaiba, pine, wintergreen, peppermint, rosemary, turpentine, arbor vitæ and zedoary, and terebene and terpin hydrate are also ineffective. Schleich's method of local anesthesia is founded upon these experimental facts.

How various among themselves these painful anesthetics are, will be seen from a list of them: Acid tannic, ammonium chloride, burnt alum, antipyrin, cobra di capella poison, erythrophloine hydrochlorate, extract quassia, extract sabine, iron sesquichloride, iron sulphate, hydrochinon, iron alum, sodium ethyl-sulphate, sodium bromide, lead acetate and resorcin. All these when hypodermically introduced will produce local anesthesia with pain.

Ravenswood, Chicago.

#### TUBERCULOSIS.

Edited by WILLIAM F. WAUGH, M. D.

 OR months I have collected everything appearing in our exchanges on the subject of tuberculosis, and this great mass of material I have gone through, selecting every item that appeared likely to be of use to us in our warfare with this dreadful malady. The results are here-with presented.

What a little result for so much work! There is plenty of work that does not show. One may devote a day to such reading and at the end have hardly anything to show for it. Not that there is little of value, but so much of it is made up of investigations not yet completed and so verified that the results may with confidence be presented. Much relates to matters that do not come within the scope of the doctor's work. Much, very much, must be set down as mere self-advertising, or the exploitation of localities that desire to attract consumptives and get their money.

In August, 1899, the CLINIC published a paper in which I gave in detail my views as to the treatment of consumptives. It is not advisable to republish this in the CLINIC, but the printer has now the manuscript of a work upon *Chronic Diseases of the Respiratory Organs*, which includes this paper, with additions and revisions, bringing it down to the present date. This volume will probably be ready before the end of the year—possibly during the present month. A companion volume on the acute respiratory maladies is being issued by G. P. Englehart, of *The Medical Standard*.

I have several times reported the progress of a notable case of phthisis that came into my hands in 1895. She then had a large tubercular mass in the right lung, with all the classic symptoms, including tubercle bacilli by thousands on each slide examined. She was placed upon a treatment consisting mainly of iodoform one gram daily, intestinal antisepsics, various creosote preparations, small doses of nuclein, etc.

The case has progressed at various rates. As long as she was held strictly to her treatment and her life carefully regulated she improved in all respects, the bacilli becoming progressively fewer until they almost or completely disap-

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peared from the sputa. Then she would break away, neglect her treatment and proceed to enjoy life with the utmost activity, and the bacilli with concomitant phenomena would reappear.

The evidences of the tubercular mass remaining, it was thought that this would be a good case for inflation of the pleura, after carefully reading the reports from Murphy's cases. She was accordingly sent to Dr. Murphy for operation; but he considered it preferable to open the lung and insert a drainage-tube. This she has worn some months, and has just departed for Arizona; but as Dr. Murphy retained her as his own patient the writer is unable to state just what her condition is at present.

In favor of the drug and hygienic treatment it may be said that five years ago this patient presented all the evidences of a virulent and rapidly progressive form of pulmonary tuberculosis, that whenever she took the treatment there was steady progress towards recovery, but when she neglected her rules she began to slip back. And she has lived in the reasonable enjoyment of life for five years, while relatives and acquaintances affected later and less severely have died of tuberculosis. By such comparisons we may judge of the value of the treatment given, though a cure was not completed.

Boccardi<sup>1</sup> made the following report on the pathologic and anatomic findings following injection with the specific tuberculosis poison:

"1. The poisonous substance, isolated by de Giaxa, belongs to the class of true nucleins, according to chemical properties. Its reaction was tested by injections into the subcutaneous tissue, the pleural and abdominal cavities, the veins, and the trachea.

"2. In relatively large doses injected intravenously the substance caused

thrombi in the right heart and in the pulmonary artery and its branches. The animals experimented upon died promptly of asphyxia, and usually in a form complicated with bulbar paralysis, caused by thromboses of the vessels of the spinal cord.

"3. In small doses the intravenous injection caused capillary thromboses, and, as a rule, in the liver; occasionally in the pulmonary vessels. Where infarcts were absent scattered areas of catarrhal pneumonia were noted. In the neighborhood of the infarcts were found in large numbers leukocytes and giant cells. In the liver were necrotic areas and fatty degeneration, as well as in the kidneys.

"4. One could obtain the same changes through subcutaneous as by intraperitoneal injection. At the point of insertion there developed nodules with leukocytic infiltration, degenerating into a true cheesy necrosis. Frequently the latter became fibroid in character. The neighboring glands were swollen.

"5. The smallest intratracheal injections produced areas of catarrhal pneumonia in great numbers. In the lung alveoli were giant cells and many wandering cells. Also were noted frequently peribronchial and perivasculär nodules, histologically resembling the tubercle.

"6. In view of these facts, Boccardi concluded that the substance isolated by de Giaxa is the active, and, perhaps, the specific poison of the tubercle bacilli, since the animals treated with this poison invariably react specifically to tuberculin."

Moore<sup>2</sup> says:

"The so-called 'tuberculous red line' along the gums may mean much or little. Its absence encourages; its presence, on the other hand, may be due to other causes than tuberculosis. I have seen it in the neighborhood of carious teeth, or where 'tartar' incrusts the crown of a

tooth. Its diagnostic value is thus qualified.

"Clubbed finger-tips are common to phthisis with many other wasting diseases or conditions which interfere with nutrition, such as valvular or other heart affections.

"Morning-sickness and want of appetite for breakfast are common forerunners of consumption. To the same category belongs distaste for fatty foods, and capricious appetite. Myotatic irritability of the pectoral muscles and of the platysma myoides is a valuable sign. So also is tenderness on pressure over an apex of a lung which is the seat of commencing tuberculous deposition.

"Interrupted inspiration (jerking or cog-wheel inspiration) is a sign of doubtful value. It is so often present in nervous youths or in nervous and chlorotic girls that its diagnostic importance is largely discounted.

"Among the earliest physical signs of phthisis we should include lessened movement of the chest-wall (expansion), an abnormally clear percussion note, deficient vesicular breathing, relative or absolute intensity of the heart-sounds over the affected apex, and relative or absolute intensity of the pulmonary second sound."

Bozzalo<sup>3</sup> called attention to the following conditions often or usually present in tuberculosis that are of assistance in the formation of the earliest possible diagnosis:

1. Albuminuria alternating with phosphaturia.

2. A tuberculous pseudo-chlorosis distinguishing itself from the true condition through a slighter decrease in the hemoglobin as well as through the less marked alterations in the circulatory system.

3. Disturbances of digestion, anorexia, nausea, vomiting, gastralgia.

4. Tachycardia, without fear.

5. Alteration in the blood-pressure diminution).

6. Rise of temperature following bodily and psychic effort; in women a rise of 3-10 to 4-10 degrees before the appearance of the menses.

7. Sweating; not only the night-sweats, but such as occur after bodily or psychic exertions.

8. Pain in the neck and supraorbital regions, etc.

9. Dissimilarity of the pupils, occasionally a dilation of both pupils.

10. Appearance of herpes zoster.

11. Splenic enlargement.

Webster<sup>4</sup> says that the iodide test depends on the elimination of iodide by the bronchial mucosa, increasing the sputa and by this developing faint or doubtful rales, and thus aiding diagnosis. He reaches the following conclusions:

"1. There seems to be no agreement or understanding as to what constitutes the 'pretubercular' stage, or what is meant by this term. Does it apply to that syndrome of symptoms which arise after infection has taken place; or, to that condition in which vulnerability is increased, the degree of immunity lessened, whether from hereditary predisposition or the effect of disease, unsanitary surroundings, bad habits, impaired nutrition, etc.? In the former, any characteristic phenomena are symptoms of tuberculosis; and in the latter they are simply those of other diseases, types, etc., which should warn us that in these cases tuberculosis is especially likely to develop. To speak of such phenomena as pretubercular in the sense that they all make up a symptom-group indicating that tuberculous infection has already occurred, is absurd. To speak of it as a "stage" of a disease, before the infection has occurred, is equally ridiculous.

"2. We should be able to recognize definitely those cases in which there is that form of chest and type of tissue, to-

gether with low vital index, lessened vital capacity, diminished respiratory expansion, perimeter below the normal, corpulence below standard, in which tuberculosis is very likely to develop. This should never be designated the pretubercular stage of tuberculosis.

"3. We should also be able to recognize the probable occurrence of infection by the malaise, gradual loss in weight, sense of fatigue upon slight exertion, digestive disturbances, hacking cough, occurrence of single or repeated hemorrhages, night-sweats, increased frequency of low-tension pulse, slight evening rise of temperature. In these cases the finding of a slight, localized bronchitis in one apex, or the slight, early auscultatory signs alluded to, ought to enable us to make a correct, positive diagnosis, whether the tubercle bacilli are found in the sputum or not.

"4. When the tubercle bacilli are present in the sputum there is no excuse for not making an absolute diagnosis.

"5. In doubtful cases the iodide test and the tuberculin test, may be resorted to with confidence in their safety, efficacy and reliability.

"6. But, while we should, and do, welcome every new symptom, sign and method, and while we hail with joy every ray of new or additional light which will enable us the better to read the symbolic language of disease aright, interpret the 'handwriting on the wall,' the great need of the hour is for men well trained in correct clinical methods, and in the art and science of physical diagnosis, rather than the addition of new methods."

Anders<sup>5</sup> vindicates the tuberculin test from many objections, showing that when the reaction has followed its use in supposedly non-tuberculous cases the absence of tubercle is simply an inference in most instances, a certainty in none.

Greater uniformity would ensue if medium initial doses were employed—0.002 to 0.005. In no series of those quoted is mention made of any bad results. He limits the use of tuberculin strictly to moderate doses, used only for diagnostic purposes, never as a therapeutic measure. He shows that the more carefully it is used the more reliable it is shown to be, as a means of diagnosis, and that the objectors are almost without exception persons who have made little or no use of it.

The Tuberculosis Commission of Munich<sup>6</sup> has formulated regulations for the prevention of tuberculosis:

"1. The periodic disinfection of all localities much frequented by the public, especially rooms in which many individuals congregate, such as schools, society rooms, churches, cafes, restaurants, hotels, orphanages, barracks, libraries, convents, hospitals, dispensaries, stores, tramways, railroad cars and cabs.

"2. The prohibition of spitting on floors in rooms and public conveyances; the placing of cuspidors in parks and other public places, and in vehicles of transportation.

"3. The establishment of special playgrounds for children, in order to avoid their playing in localities which phthisical patients might visit.

"4. The disinfection and whitewashing of rooms where a case of phthisis or a death from that disease has occurred.

"5. The annual medical inspection of persons frequenting schools, academies, offices, factories, etc. Any cases found should be reported to the authorities.

"6. The establishment of people's sanitaria.

"7. The hygienic instruction of the tuberculous, so that they may be able to protect themselves and those coming in contact with them.

"8. The isolation of the phthisical cases in military and general hospitals; if possible, the erection of separate pavilions.

"9. The prohibition of the bathing of the tuberculous with healthy persons; the establishment of separate bath houses for the former under medical supervision.

"10. The removal of all tuberculous individuals from the schools and their transfer to colonies in the country, where they may be treated.

"11. The formation of committees with the object of sending the children of poor persons who are suffering with tuberculosis or who have died of that disease, into the country in order to remove them from the infected houses. The children of rich families should also be removed from their homes for a certain length of time.

"12. The improvement of the hygienic and dietetic conditions of the poorer classes by the erection of public kitchens, wayfarers' lodges, bath-houses, etc.

"13. Philanthropists should make it their object to improve the nutrition and hygiene of individuals in poor families in which tuberculosis has occurred.

"14. The linen of tuberculous persons must be disinfected before being brought into contact with the linen of others.

"15. The marriage of very young persons whose appearance suggests that they are inclined to tuberculosis should be opposed. Persons in whose sputum bacilli are present, should be prohibited from marrying.

"16. The compulsory periodic examination of domestic animals which might become tuberculous.

"17. The monthly inspection of stables; supervision of the hygiene of the kitchen, of milking and milk-vessels; scrupulous care in creameries.

"18. The supervision of markets and abattoirs.

"19. The erection of stations at the borders of countries for the inspection of imported animals.

"20. Strict regulations regarding the products of factories.

"21. The giving of weekly lessons in hygiene at public schools.

"22. Each child at school must have its own drinking cup and its own towel.

"23. Instructions to second-hand dealers in books, clothing, etc., to have their wares disinfected. Disinfection of library books, as well as of objects that serve for school or general use, must also be performed at certain intervals."

Shurly<sup>7</sup> says there is not an instance based on unmistakable evidence of tuberculosis originating from the inhalation of dried sputum in the air. But Tyler,<sup>8</sup> after showing that the percentage of deaths in Colorado from tuberculosis originating in that state has risen from 11.26 in 1893 to 19.77 in 1898, recommends legal measures to prevent public expectoration. Few writers now agree with Shurly in the supreme importance he attaches to heredity.

Dr. T. J. West<sup>9</sup> calls attention to the advantages of San Juan Co., New Mexico. The air is pure and dry, with an annual average of 233 1-2 days of absolute sunshine, in four years' observation, and only thirty-three cloudy days. Aztec is 5,595 feet above sea-level, surrounded by low foot-hills; the soil is sandy, the drainage good. It is on the Animas river. The winds during the day come from the southwest over the desert; which abstracts the moisture. At night they come down from the snow-capped mountains, about 60 to 100 miles distant. The cost of living is low; the finest fruits and vegetables are raised on land irrigated by the owners, not by companies. The neighboring ruins of pueblos and cliff-dwellings furnish an inexhaustible field for the curious, while employment for those able to work can be secured

readily. The temperature is never very hot or cold, and consumptives live there in tents throughout the year.

Denison<sup>10</sup> makes a strong plea for ventilation and sunlight, adducing some telling examples of the extinction of tuberculosis in horses and cattle taken out into the open pastures, when affected in stables. The malady becomes extinct in cattle on the ranges.

Watson,<sup>11</sup> of Riverview Sanitarium, says that the high tablelands of Mexico, 3,000 to 5,000 feet above the sea, offer more and better advantages for consumptives than any other country in the world. The surrounding heights protect from winds, and the climate allows the maximum of open-air life, with no extremes of heat and cold.

De Vries<sup>12</sup> finds that the inhalation of rarefied air in the pneumatic cabinet produces much greater expansion of the lungs and allows the vapors with which the air is charged to penetrate the pulmonary tract more deeply than by ordinary inspirations.

Little has been heard of the pneumatic cabinet since Shoemaker's contemptuous reference to it as "a box; for the use of which physicians are taxed \$250 a year each." De Vries says it increases vital capacity, reduces the rapidity of respiration, increases the consumption of oxygen, benefits nutrition, and especially reduces pulmonary congestion. He terms the cabinet "the most powerful measure for the arrest of hemoptysis." As a means for securing at home the benefit of rarefied air similar to that of mountain tops the cabinet has its value. The preposterous prices charged for its use are now a thing of the past, and any one of enough mechanical bent to attach an air-pump to a box could rig one up for his patients.

Ewald<sup>13</sup> treated twenty-five cases with sodium cinnamate, finding it harmless, but showing no special superiority over

other methods. The dose was 0.001, increased to 0.015, intravenously, every two days. There seemed to ensue a predisposition to slight hemoptysis. No influence was exerted on the bacilli, fever or sweating.

Landerer<sup>14</sup> treated 241 cases of pulmonary tuberculosis by hypodermic injections of sodium cinnamate. The injections were made into the median basilic vein, at first a one per cent solution, increasing to three per cent, repeated every fourth day. The hypothesis is that sodium cinnamate is "positively chemotactic", attracting white blood-corpuscles; and having a peculiar affinity for lung-tissue, its nutrition is improved. The injections are almost painless (from a German standpoint).

Robinson<sup>15</sup> refines paraffine oils by heating with animal charcoal and by repeated filtration through this or cleansed dehydrated clay. Every minim taken passes through the bowels unchanged, but the administration of one or two drams four times a day, for months, results in increased weight, strength and health. This oil is a good vehicle for creosote, phosphorus, etc., and may be used hypodermically, or to compress a lung by distending the pleura.

Murrell<sup>16</sup> advocates the treatment of pulmonary phthisis by inhalations of formaldehyde, dropped on lint. Glycerin retards the action, as does ammonia, each forming an inert compound with formaldehyde.

Porter<sup>17</sup> says: "The physician who permits the lower bowel to become a receptacle for the retention, increase and absorption of material containing so much active poison as the tubercular sputum—that physician must not be surprised if in spite of his efforts in other directions, his patient steadily declines."

"I cannot but think that some of the good results credited to creosote, guaiacol and other remedies of this class, are

## THE ALKALOIDAL CLINIC.

due to their immediate action in the intestinal tract, either as germicides, or in rendering the intestine uninhabitable for the bacillus and in counteracting the influence of the ptomaines."

Kalagua<sup>18</sup> has been heralded as a new "cure"; and Dr. Stubbert of the Loomis Sanatorium, quoted as advocating it. But in his report Dr. Stubbert simply states that improvement followed the use of kalagua in some cases and not in others. From this valuable report we find that serum is credited with 24 per cent of cures, ichthylol with 14, kalagua 24, creosote 16, inhalations 16.

Galpern<sup>19</sup> employs subcutaneous injections of a mixture consisting of ten parts of creosote, five of camphor and five of ether, in a hermetically sealed vessel, placed in cold water and carefully heated to boiling. The injections are not painful, as are those of creosote alone. Lefebvre speaks very favorably of this remedy. He gives an injection of the fluid daily, between the scapulas, as deeply as possible, with antiseptic precautions, for a month. Metivier speaks still more warmly of calcium sulphide as an anti-tuberculous agent.

Gautier<sup>20</sup> employs sodium cacodylate for tuberculosis, injecting not over 0.1 daily (gr. 1 1-2), or giving 0.4 to 0.6 daily by the mouth to men, 0.3 to 0.4 to women. The solution in water is stable. Cacodylic acid is "an organic, harmless non-irritant and non-toxic form of arsenic."

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## PRACTICAL HINTS FROM DAILY EXPERIENCE.\*

By W. C. ABBOTT, M. D.

SWEATING FEET, TYPHOID FEVER, DYSENTERY, ETC.

N my notes some time since I spoke of the treatment of sweating feet and a correspondent from Canada adds to our information by the suggestion to apply ammonium muricate, one dram to the pint of cold water, three or four times a day. Says he has had good results with it.

He also says that he has a string of cases of typhoid fever on the treatment suggested in the CLINIC and that they are doing finely, and asks for a suggestion for the treatment of milk-infection in a baby one year old who has constant mucous, bloody stools. This properly belongs to the query department but I insert it here, having written the doctor personally, as it gives me an opportunity to emphasize the importance of the indication of muco-sanguineous stools for the use of a brisk cathartic, nothing being better than castor oil. A thorough castor-oil purge should be given and should be repeated every two or three days until the nerves can control the condition giving rise to it. Of course the first indication is to stop milk; in fact to give nothing for 24 to 48 hours. Then with the purgative followed by small doses of sulphocarbolate of zinc and proper feeding, beginning first with a weak gruel of some of the prepared foods or some of the breakfast foods, there will, as a rule, be little or no further trouble. Strychnine is usually indicated and atropine is often needed to bring the blood to the surface and relieve inward congestions. The doctor has not yet reported results but we hope he will.

## INFANTILE HERNIA.

Dr. Derby of White Cloud, Mich., asks regarding the Rorick Air-Cushion truss

advertised in the CLINIC. We have had no personal experience with the truss but from a theoretical standpoint it looks to be a good one. Anything that will hold a hernia in place (crowding it out of the canal up through the internal ring and keeping it in the belly), that can be worn with comfort to the patient, is all right and will ultimately cure any case of hernia that is curable with a truss; and most recent cases, especially those in young subjects, are.

As a temporary expedient, and often satisfactory in infantile cases, I have been accustomed to use a home-made truss, the material being beeswax and sticking-plaster. To make this truss, I take an egg-cup or half an egg-shell, (using the blunt end of one that isn't too pointed), melt some beeswax and pour it into the little cup thus formed, to the thickness of about half an inch. Then reduce the hernia, press the beeswax deep into the opening and hold in place with a properly applied rubber-adhesive plaster. The plaster can be changed occasionally as required, but the beeswax should remain firmly in position until the rupture is healed. If you do the job right and keep up the dressing sufficiently long, you will cure the case. You will find this the easiest and best truss for small inguinal hernias, navel hernias, etc., that there is. The chief indication in all these little hernias is to keep them in place long enough so that nature can repair the injury.

#### GLONOIN.

Dr. W. C. Dixon of Gay Hill, Texas, asks us to have something in the CLINIC about glonoин. Tens of thousands of CLINIC readers could each write a dozen pages of solid brevier in testimonials to the value of the little white granule that will set the pulse bounding in half a minute and will make your head snap in a minute more if the dose is a little large. The dose should

always be given hypodermically or, which is just as well, crushed upon the tongue, to be absorbed from the tongue and the mucous membrane of the mouth. Just short of the headache is the proper dosage but it is better to give a small dose, repeating every five to ten minutes with a finger on the pulse until the desired result is produced. Let us have more of your experiences, brothers. Let those speak that have anything against the remedy as well as those who speak for it. I do not think glonoин should be long continued, but as a timely expedient nothing approaches it in value.

#### ARSENATE OF QUININE IN MALARIA.

We want reports from our friends, who have an opportunity to treat malaria in its various forms, upon the use of arsenate of quinine or the tonic arsenates and nuclein. These remedies are rational, eminently successful and tonic and up-building while the usual treatments are often quite the reverse, producing an anemia and a degeneration of the blood-cells, while the above-named treatment produces regeneration. Dr. W. A. Rebo of Alexandria, Mo., says: "Tell everybody that the tonic arsenates, or the antimalarial granule suggested by Dumas, will knock malaria higher than Fitz did the sailor." Let us hear from others and, Dr. Rebo, let us hear something with particulars from you. To be able to treat malaria and leave the patient in a better physical condition than when one begins is a victory indeed.

Wring out the liver with half a grain of emetin, disinfect the alimentary canal, and then give one granule of quinine arsenats gr. 1-67, or one of the triple arsenates with one of berberine muriate gr. 1-67, together, every waking hour, and your malaria will "fold its wings like the Arab and silently steal away."

But don't forget to shut the door.

Clean up the premises.

Ravenswood, Chicago.

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# Miscellaneous Articles

## HOW TO OBTAIN GOAT-SERUM FOR EPILEPSY.

Obtain a healthy full-grown goat. Be sure he is free from disease. Withdraw from a patient during a seizure a common hypodermic syringeful of blood. In a few moments you will find the goat in convulsions. He will be undergoing a regular typical attack of epilepsy, if it works as to be expected, and he will have an attack each day at the same time. But they will grow gradually less and less, until the symptoms entirely subside. He then becomes immune and never will have another attack. Then you tap an artery and draw off one ounce of blood, mix with an equal part of glycerin, submit to a heat, say of 98 F., place it in a refrigerator, properly corked and sealed.

The patient should receive about twenty minims for an injection hypodermically, and repeat the process as long as any symptoms remain. I usually give an injection each day, but some object to the needle. In that event give double the dose per mouth. Keep the bowels free with Anticonstipation (Waugh), and occasionally give zinc sulphocarbolate. Give the patient plenty of butter but no meat. If the seizures come on at night commence the treatment before going to bed. I presume it is the leucocytosis that does the business.

The goat will be ready for his second dose about the time you will need it. Feed him well and keep him in a clean

pasture or stall. Goat's milk I find is very good in anemic cases, or when a long course of bromide has been the treatment. I cannot know, of course, that you will succeed, I only know that I do; and I am convinced that no doctor is fully equipped without a goat. You will find it a money-maker for you in a great many cases where nothing else seems to take its place. You will have to keep up the treatment for twenty-four months, and the patient must be free from every symptom of the trouble all of that time. A seizure means that your work has to commence all over again; like a building made of blocks, some block displaced tumbles the whole construction down. Of course there may be some cases where it will not work. In that event I can only advise you to use anything that will keep the seizures off, but keep them off two years. Do not let them have a seizure after you have commenced. Zinc valerianate works well if pushed; so do atropine and passiflora, but the latter drug has not been as useful as the former.

Now I have written all of this to please those who have written to know how to do it. And there is not much use in writing me about it, for I have given you all I know. Keep your needle clean, also the barrel of your syringe. Keep the patient free from observation. That

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is, don't let him be followed about by some one watching for and expecting a seizure; and the patients should be perfectly free to go where they have a mind to, like any other human being.

HORATIO S. BREWER, M. D.

Chicago, Ill.

—:o:—

There is no secret here, and goats are easily procured. No commercialism in this! Try it, and let us hear of your results.—ED.

#### EXPERIENCE.

Experience is the great educator of to-day. In the future it is to play a more important part in our school-work than it has in all time past. Experience is what is going to develop the future and bury the past.

Recently I came in contact with a man who was proud of his experience. He graduated in 1846. I met him in consultation over a case in which there was need of a surgical operation. We had hardly been talking five minutes before he impressed upon me the fact that he had been practising over fifty years. I envied him. I hope I can live to say the same thing. Every few minutes the remark was repeated in some form or other, and within half an hour there was no doubt in my mind as to the truth of the assertion. The fact that he had had over fifty years experience was worked upon almost to the exclusion of the matters bearing directly upon the case and of vital interest to the patient.

This bit of experience has led me to cogitate upon the value of experience. Over fifty years of experience! With all due deference to my fellow-physicians who can boast of half a century of practice, I am going to make the assertion that from thirty-five to forty years of those fifty are utterly valueless. Not only that, but much of it must be posi-

tively harmful to their patients. The conditions of living have changed so, the climatic influences are so altered, and the methods of medical and surgical treatment have been so radically modified, that when one speaks of the immense value of fifty years of experience he is making an assertion that is false upon its face. This same is true of forty, or even thirty, years of experience. In the light of present times only the experience of the last twenty-five years is of any value, and the immense value can be limited to the experience which has been accumulated within the last two decades.

Fifty years ago there was no antiseptic surgery, the cavities of the body were sealed mysteries, orthopedic appliances were of the crudest conception, electricity was a curiosity and a little-understood science, there were no alkaloids, no standardized drugs, none of the finer pharmaceuticals which make medicines pleasant to-day; in fact, so far as the practical value to the present generation is concerned, the practice of fifty years ago can well be classed with that of the days of B. C.

It has been but a trifle over thirty years since the first experiments in antiseptic surgery, and less than twenty since asepsis and antisepsis became the rule and not the exception.

Fifty years' experience covers a long time.

Most physicians who have been in practice fifty years know a great deal that is useless. The average human brain will only hold about so much. To some extent it may be likened to a quart cup—it will hold only so much and only one thing at a time. The field of medicine is a large one and the man who undertakes to cover it all is apt to give way under the task.

A man must be pretty bright, and confine his slumbers to the hours he spends in bed, if he wants to keep fully posted

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on the changes which even five years bring about.

If he begins the practice of medicine at twenty-one he will, at the end of fifty years, be seventy-one years of age; and no man seventy-one years old is the equal of a man of forty; he has not even the snap, energy and push that he himself had at forty. I admit there are exceptions—which prove the rule.

I doubt if a man learns much after he is fifty years old, and I doubt whether some men accumulate any great quantity of wisdom after they are forty years of age. Certainly the knowledge he acquires after he is fifty years old does not influence him very much.

By the time he is forty he has reached a pretty firmly settled state of mind. He is much less susceptible to new ideas. He is less willing to try the experiments which bring wisdom, and he generally jogs along and follows out the practice in medical and surgical matters to which he has become accustomed.

After a man reaches a certain age he lives a great deal upon the past, he ruminates and reminisces. His mind wanders back to the days of large doses of crude doses, and to the times when "laudable pus" was the surgeon's ambition.

He knows a great many things of historical value, interesting things, and at the society meetings he can entertain us with many tales of what was done when he first began practice, "before you were born." But when it comes to pushing ahead or even keeping abreast of the minds of the younger generation he is distinctly what is called a back-number.

Experience is a great thing, but contemporary experience is the kind that is of the most value in the practice of medicine. The best thing that could happen to the man with fifty years' experience would be to have about twenty years of it deeply buried in oblivion. The trouble with the man who has had too much ex-

perience is that he knows too many things that are of no practical value—and seems unable to eliminate them from his practice.

The man who cannot eliminate, who cannot take on the new, becomes a man of the past. Those who are of the past are useful only as reminiscences, and are interesting only in proportion to their story-telling ability.

RALPH ST. J. PERRY, M. D.  
Farmington, Minn.

—:o:—

The worst of these men who have that sort of experience is that they know so many things that are not true. But not all the seniors are of that sort. Many of our finest advocates of up-to-date therapy are among the silver-haired men who have become thoroughly disgusted with the "dirt-and-all" Galenics.—ED.

#### YELLOW JAPAN.

History but repeats itself in our present experience with China. In the Sixteenth Century Francis Xavier had gained a stronghold in Japan, and the Roman Catholic Church looked on the Empire of the Rising Sun as already won. But the Japanese loved their Mikado more than the Pope, and 30,000 Spanish and Portuguese Christians fell victims to this loyal feeling.

Since that time the Japanese hates the Christian. It was by crucifying those Christians that Japan took the habit of crucifying criminals. They had no idea of this kind of execution before. Now the idea of crucifying a Christian, no matter what the Japano-maniacs may proclaim to the contrary, has gotten into the blood of the Japanese. Crucify him! Those Asiatics will be more easily cured of leprosy (and that is much to say) than they will be of that terrible feeling against the foreigners.

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The missionaries, it would seem to me, have never discovered this. Why? Had we Christians after the Japano-Chinese war allowed Japan to gain supremacy over China, she would have attained her dream of forming a triple alliance of the Orient against Europe.

Japan is governed by no moral code. She is neither Buddhist nor Christian, and only waits like a wild beast for her opportunity to fall upon the Christian prey. She is more barbarous at heart than her old Mentor, China. Scratch the veneer of Japanese civilization, and behold the Tartar! Russia is right. We should not trust Japan.

ALBERT S. ASHMEAD, M. D.  
New York City.

—:o:—

Asia has been overrun by Europe repeatedly, and both Greece and Rome undertook to remodel the Asiatic after their own ideas. But in the end he remained Asiatic, and swallowed up the invader. Will the science of the twentieth century, its steam and electricity, accomplish more?—ED.

#### FLY LARVÆ IN BOWELS.

To-day I received some larvæ from Dr. W. R. Littell, of Cambridge City, Ind. The doctor writes:

"In regard to parasites sent you through ALKALOIDAL CLINIC, my patient has just passed more, and I send them to you by this mail. These are larger and better specimens. Would like to hear from you in regard to them. Am at a loss to find some way of exterminating them in the bowel."

I have just written him that they are the larvæ of a syrphus fly, or of the family syrphidæ, and are probably helophilus anax or some related species. The person has evidently taken them in in the drinking water. I have had this or one near it brought me before in water. It

is probable that if the drinking water is looked after there will be no further trouble, though there is a possibility of continuous infection as in some cases of epilepsy. I recommended to him good doses of santonin and iron hydrocyanate.

G. H. FRENCH.

Carbondale, Ill.

—:o:—

I am much pleased to hear the result of this investigation which certainly grows in interest. I doubt, however, whether santonin will affect these creatures, and would suggest that, if it can be obtained, cowhage down, from the mucuna pruriens, would be a better remedy, since it kills anything living found in the alimentary canal.—ED.

#### UREMIA.

Although I have been but a casual reader of the CLINIC, I have seen enough of it to be impressed with its healthy instructiveness and inspiring suggestions, and to be anxious to know more of its methods and imbibe to a larger extent that vigorous and optimistic spirit with which it attacks the ills to which human flesh is heir.

Alkalometry is in a measure new to me, and I fear it will take a little more persuasion before I shall turn my back upon what was taught during my recent academic days, and what the profession for hundreds of years has deemed to be excellent and is now branded with the stamp of "classical." Yet I can readily be convinced that if a medicament prepared in Galenic fashion is potent for good, its active agent or principle would be equal or in fact superior in bringing about a desired therapeutic result.

For example, we have in morphine all or nearly all that is found of value in opium, and to a finer degree. Atropine surpasses in efficiency tincture of belladonna with its variability in strength.

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And other instances of a like kind might be multiplied to good purpose. But my text is that alkalometry, or the term as understood by its friends, is as yet to me fantastic in the minuteness of its dosage, and in the necessary frequency of its administration.

I trust that my faint protestations will not be taken as carpings, because I live to be convinced and to profit by my convictions. Now, even though I may be a heretic in the CLINIC family circle which I have recently joined, yet I esteem and value the opinion of the editors, and with this in mind I would like to be instructed on the following case which a few days since came to my notice.

Was called hurriedly to M. C., woman, 31 years old, unmarried, reported to have had a fit. On arriving at her bedside I found the patient in a semi-conscious state, yet without ability to respond intelligently to questions. Had not been in her presence more than a few minutes when I noticed the facial muscles becoming tremulous, eyeballs turning upward and a general convulsive seizure take possession of the entire muscular system, accompanied by a violent dyspnea, extreme cyanosis, with acceleration of the pulse-rate and respiratory movements, lasting for a minute and a half or two minutes, followed by a gradual sinking into the stuporous condition in which I found her and in which she lay for several hours.

Without dealing with special features of the case I may say that I was not able to accurately determine as to the cause of the convulsions. Epilepsy and puerpera were excluded, and from the fact that the friends informed me that she had suffered for a few days previous with headache and vomiting, together with disorders of micturition, I diagnosed uremia, which was confirmed by a subsequent urinary examination. Treatment consisted in the administra-

tion of morphine gr. 1-4 hypodermically, which apparently controlled convulsions; purgative enemas, sweating by application of hot-water bottles and bedclothes (which would have been bettered by the addition of pilocarpine if I had had any with me); calomel placed on the tongue, followed by magnesium sulphate and fifteen-grain doses of potassium bromide at two-hour intervals, as long as convulsive manifestations were apparent. I was undecided about the use of diuretics, and as there was a scanty supply of urine for a few days following, this was a source of anxiety to my mind.

If my diagnosis of uremia is correct, kindly through the columns advise covering treatment and of the use of diuretic measures especially.

J. L. CHURCHILL, M. D.  
Isaac's Harbor, N. S.

—:o:—

Again we must say that a granule is not necessarily a dose; and that if you give one to three every five to sixty minutes, you will have quite dose enough, even for the old big-dose method.

In regard to the very interesting case you mention, of course the diagnosis rests in the examination of the urine. In addition to looking for albumin and tubercasts, find the total amount of solids excreted and their nature, as I strongly suspect there is a marked defect in their elimination.

I would probably have treated this case with glonoin and veratrine, a granule of each every five minutes until effect; and would suggest that the potash salts are not advisable, since Bouchard has shown this alkali to be a cause of convulsions.

Your remark that you would have used pilocarpine had it been with you, will illustrate one portion of our advice, that the physician should carry with him a case of these concentrated medicaments ready for such emergencies. Although

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I no longer do general practice I never leave the city without my case of 120 bottles.—ED.

#### INTRAUTERINE MEDICATION.

What's the matter with the July CLINIC? Has it been associating with Dr. Conway's dipsomania cure? That syphon and rubber tube is dangerous. I got the latter end of the article from Ravenswood but would have preferred the upper extremity.

By the way, Doctor, I think it is dangerous business to inject a lubricant into the uterine cavity. If this business is followed up by the average practitioner somebody will get hurt. I think it requires the most diligent care and watchfulness that air is not thrown into the uterus by this method; to say nothing of the necessity for complete asepsis for medicament, instrument and tissues. I treat a great many cases of metritis but I would not think of employing this treatment suggested by the CLINIC. I think it extremely dangerous.

I have formed an attachment for a number of alkaloids and combinations, but many others fail my expectations. Among the valuable ones in my hands are the Defervescent Comp., Dosimetric trinity, Anodyne for Infants, Uterine Tonic. I also appreciate the Saline Laxative. Hyoscyamine, nuclein, and such small doses of quinine arsenate as are in the granules I get no result from. The former two in this list, viz., hyoscyamine and nuclein, I find no appreciable effects from.

A. B. ANDERSON, M. D.

Pawnee City, Nebr.

—: o :—

In regard to injecting the uterine cavity, you must remember that in most of the cases in which this is done the uterine cavity is in a septic condition to start with. Out of hundreds of cases where

this remedy has been used we have received at the most half a dozen reports of unpleasant sequences. The most important one was described in a recent editorial in the CLINIC.

In case of doubt I think it would be best to use the application on a cotton-wrapped probe first. I have yet to hear of any case in which the fluid itself caused irritation. Asepsis as you very sagely remark is necessary as it is in all cases of intrauterine application, but the euophen mixture is far less likely to cause irritation than iodine, carbolic acid or other mixtures.

As to the hyoscyamine, there is no difficulty in getting the effect if you give a granule to an adult every fifteen minutes until the mouth dries. In fact I find the granules so active that I frequently use 1-2 or 1-4 of a granule to a dose. The only question is whether the hyoscyamine effect is what you want. The rifle has to be aimed carefully you know, Doctor.

Nuclein is an exceedingly difficult substance to gauge as the effects are not manifested by any drug-symptoms such as you would obtain from an emetic, cathartic or cardiant. If your patient needs stimulation of leucocytosis nuclein will do it; and the effects are gathered from an estimate of the patient's condition as compared with what it probably would have been without the nuclein, which is not easy unless you are testing the blood at regular intervals. But I have frequently given the tonic medication for cases of anemia and found it did not answer my expectations until I added nuclein; then it did better.

In cases of microbial disease, the eruptive fevers, typhoid fever, tuberculosis, etc., I am certainly of the opinion that the patient does better while taking nuclein; and this is not an opinion founded on faith, because I approached nuclein with a good deal of distrust, knowing

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my friend Aulde's propensity to become unduly fond of his own children.

I should be very glad to hear from you again if you like to give these remedies a further trial after these suggestions. I would feel under personal obligations whenever a physician has failed to get desired results if he would write and let me know, because it is of the greatest importance to me personally that I should not recommend any drug beyond its actual value.—ED.

#### RHUS POISONING.

If your symposium covers rhus poisoning I will give you an Rx that has never failed to give relief in a few hours. It is sodium bromide, 20 grains to the fluid ounce of water. If the solution is made stronger it appears to irritate, while at this strength it will, unless the deeper structures of the skin are inflamed, kill the poison in less than thirty-six hours. I have used this prescription for more than twenty years and have never had a failure, invariably telling the patient that if he keeps the inflamed surface moist or applies it frequently, not allowing it to dry, that as soon as, and often before, he sees a yellow tinge, the inflammation will begin to subside and it is a rare case that will require the application beyond thirty-six hours.

A sure remedy for whooping-cough also, if it is any interest to you to know it, is the fluid extract of castanea or chestnut leaves. If given in the right dose to each case of whooping-cough it will check it in a week to ten days. The difficulty is to determine the right dose, as no two cases are alike in this respect. To illustrate, one case four months of age required as large a dose as another seven years of age. I have prescribed it in the same case that other physicians have ordered it, but in insufficient dosage,

and in a larger dose observed rapidly developed results.

My rule is to give about ten drops for the first year and increase the dose a drop each day until it is observed that the cough is modified, then continue at that dose. If four or five years old begin with fifteen to twenty or more drops, increasing five or more drops each day until effect. It cannot possibly do any harm, so in any case depart from these rules and give in much larger doses; and as already stated it rarely fails to check in seven to ten days and often in less time.

Although we have just passed through an epidemic of this disease I have never had occasion to combine any other remedies with it, and in only two or three cases where it was not given regularly every three hours was there a failure to promptly modify and check the distressing symptoms.

C. A. SEABROOK, M. D.  
Burlingame, Kans.

—:o:—  
Castanea was highly prized by Prof. A. S. Gerhard, but has been superseded by the sulphides and other dosimetrics, whose efficacy would hardly be believed by those who have not tried them.—ED.

#### IVY POISONING.

Saturated tincture lobelia from fresh plant will cure poison from ivy.

ELI G. JONES, M. D.  
New York City.

—:o:—  
I suppose he applies it locally.—ED.

#### CALCIUM SULPHIDE IN RETENTION OF URINE.

I have just read Dr. Dueston's article in September CLINIC. I have noticed this therapeutic action when using and giving calcium sulphide, but had not proved it enough yet to be certain I was

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correct. Now that some brother has come to the same conclusion I feel much more sure of my position.

I want to ask if anyone has tried it in spasmodic retention of the urine. If not, please give it a trial. I get best effect if caused by enlarged prostate.

Something else I have noticed in giving it: It sometimes produces an eczema if pushed too vigorously at first. As homeopaths give this drug for eczema, I suppose some one will attribute this to the large doses. Be this as it may, it is a fact. It is one of the newer drugs that has come to stay, along with a host of others.

DAVID C. RONEY, M. D.

Milan, Ind.

—:o:—

We try to fix the limits of usefulness of each drug we take up, but there seems to be no limit to that of the sulphides. Push it out. Increase doses to full toleration, and tell us something they will not cure, please.—ED.

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#### DYSENTERY AND DIPHTHERIA.

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Thirty-two years ago I was taught by Alfred L. Stille at the University of Pennsylvania, that the best treatment for dysentery was the saline. I have followed that course ever since and never lost a case. I have had some very severe cases accompanied with bilious vomiting. I give a dram of Rochelle salts every two hours until the patient is relieved. As nothing is so good as success I have never experimented in any other line.

In membranous diseases of the throat my sheet-anchor is calomel, given till the stools are green and slimy. In a recent case when the bowels were already loose, I concluded to try calcium sulphide. I gave three grains every two hours, and between these doses gave aconite and veratrum. Temp. 104 de-

gress, pulse 118. In twenty-four hours the patches were disappearing, temperature fell to 102 degrees, pulse 98. In the next twenty-four hours temp. 100, pulse 88.

Who can beat that with horse-serum?

At the next visit (twenty-four hours) patient had been sweating copiously, tongue clean.

I like the CLINIC the best of any paper I have taken. These experience-meetings are good. I like to hear of failures, as they are light-houses of caution.

GEO. ROBERTS, M. D.

Lincoln, Va.

—:o:—

Now, Doctor, when you tell your patient to get a fip's worth of salts and take the nauseous stuff, doesn't he grumble over paying you a dollar for the advice? Dispense him a can of Saline Laxative with your own label on it, and charge two dollars; and just see if he is not better satisfied.—ED.

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#### VENEREAL WARTS.

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Dear Doctor Abbott:—

It has been a good while since I trespassed on your good nature and I think you won't check this one. I have a case of venereal warts after soft chancre. It was cured once. Patient supposed himself well for a few weeks, when a few days after an intercourse, warts came back, but no clap. I am treating same as soft chancre, with peroxide of hydrogen, followed by iodoform. Have only dressed it twice, though would burn with caustic if there is no appreciable change in few days.

What is your most successful method?

GUY L. LARAWAY, M. D.  
Boyne Falls, Mich.

—:o:—

As a rule, all that venereal warts require is cleanliness, and something which is at the same time dry and antiseptic.

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## THE ALKALOIDAL CLINIC.

Suppose as a dusting powder you use one part, by weight, acetanilid, one part tannic acid and eight parts boric acid, finely powdered and sprinkled on, after washing with a solution of ammonium chloride, a teaspoonful to the pint of hot water. Sprinkle on the powder and cover with absorbent cotton. The dressing should be renewed every twelve hours. At the same time give about three grains of calcium sulphide per day, and treat the urethra twice a week with the euphen-aristol and petrolatum mixture.—Ed.

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### ENTERITIS. INFANT'S ANODYNE.

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I want to thank you for the great service you have rendered to me. About two weeks ago I was called to see a child nine months old. The little one had been sick over two weeks, having been under the care of another doctor. The case was said to have been dysentery, but to my mind the malady was catarrh of the bowels. The child had been given up to die. I found the child very restless, suffering a great deal of pain, bowels very, very loose, discharges copious and slimy. The mother told me the doctor had given the child opium, bromide of potassium, etc., but without doing the child any good. I commenced to give the child your Anodyne tablets for Infants—one every hour. Within a few hours the little sufferer dropped to sleep, sleeping four hours.

To make a long story short, within one week the baby was completely well. I attribute my success to your tablets; they certainly save the little one's life.

AUSTIN T. FINK, M. D.

Freedom Plains, N. Y.

—:o:—

I thank you for your courteous note and trust you will find the little granules of value in other cases. The use of the alkaloids is growing rapidly and we get

thousands of letters speaking of the improved results coming from their use. I should be glad at any time if you would report of your experience for publication.—Ed.

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### ALNUIN.

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*Alnus Rubra* is one of the very best alteratives in scrofulous conditions, but is of no value in syphilis or its sequels. I have used a decoction of the bark with splendid results, although the active principle, alnuin, is equally as effective. It acts better when combined with potassium iodide gr. v, t. i. d., each remedy seeming to synergize the action of the other. It is also a good stomachic, resembling in its action quassia, gentian and that class of bitter tonics. The best alnuin subjects are the "wall-colored", sallow, dark-complexioned type. On commencing treatment a constipating effect is noticed, due to the tannin of course, although I have seen two cases in which alnus had a splendid laxative effect. This was probably an idiosyncrasy, however. In indolent and varicose ulcers I would use specific Echafolta locally (Lloyd's).

Case: H. R., 58, indolent ulcers of the leg of twenty-two years' standing. Had taken about all the old treatments there were to take. The limbs were one mass of suppurating, purulent, gangrenous-looking ulcers, with a horribly offensive odor. Put him on alnuin gr. 1-12, five granules four times daily, and potassium iodide gr. v, t. i. d.; locally hydrogen dioxide followed by Campho-Phenique, dry dressing, morning and evening; teaspoonful Saline Laxative (Abbott's) mornings before breakfast. After a week, had to discontinue Phenique owing to pain and irritation, causing inability to sleep. Used locally Echafolta one oz., water 3 oz.; bandages being kept constantly saturated with this solution for

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ten days. The ulcers by this time were clean, discharge and odor *nil*, and granulation commenced.

Alnuin running out, I commenced with potassium iodide and Nuclein (Aulde). Patient did not do so well, ulcers were angry and inflamed, discharge commenced again. Procured another supply of alnuin, discontinued Nuclein, improvement right along; patient dressed leg morning and night, and in three months was sound as a dollar.

My friend Dr. Brittingham was one of the first to use tag alder, or *alnus rubra*, over forty years ago, and cured hundreds of cases of scrofula with it; among whom was the Crown Prince Victor Napoleon of France, who was subsequently killed by the Zulus. The doctor sent the remedy (at his request) to Dr. Caspell, and cured a case given up to die by the best men in Europe.

EDWIN F. BOWERS, M. D.

New York City.

—:o:—

We have had several interesting letters on alnuin. Now let us have the reports from the field.—ED.

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#### SCIATICA. PHOTOTHERAPY. TISSUE REMEDIES.

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I have tried the carbon bisulphide in sciatica as recommended by Dr. Cline, page 395. Patient was a robust cooper, German, 45 years old, married, no syphilis. A most severe pain extended through the whole length of the nerve of the left leg. In place of 1-2 oz. I applied 1 oz. every third day, with results that the pain ceased for about five hours if the patient remained motionless in bed. After applying it the first time I ordered the patient to dress himself. So he did, walked across the room, when the pain returned so severely that it required all his strength and endurance to crawl back to his bed. In all I applied 3 oz. in nine

days, with no curative results whatsoever.

Ten minutes after applying the carbon bisulphide, I noticed each time the face of the patient assuming a distinct yellowish color, which, however, gradually disappeared in twenty-four hours.

In regard to Dr. Epstein's interesting article, page 630, permit me to say that it is a true saying that no prophet is respected in his own country. It is not necessary for us to go to Copenhagen, Denmark, to prove phototherapy. The great cures recorded by the Danish scientists contain nothing new or startling whatsoever, but merely serve as a verification of "Principles of Light and Color," by E. D. Babbitt, M. D., L.L. D., San Jose, Cal., whose great master-work on solar and phototherapy has been translated into different languages years ago. Of course, we read in the article referred to, of Prof. Finsen merely as an "investigator"; the originator, thinker, is and remains an American physician.

In regard to our learned editor's article on Homeopathy and its nihilistic dosage, I desire to say that I have used Schuessler's Tissue Remedies, 6th trituration for a number of years, and in many cases with surprising results when our allopathic remedies had failed. The theory is based on physiological facts and in perfect harmony with all chemistry and allied sciences.

I am certain that any physician, no matter of what school, who will take the trouble to read: "Introduction to the Theory and General Sketch of the Twelve Tissue Remedies", by Drs. Boericke and Dewey, which constitutes the first part of the work: "The Twelve Tissue Remedies of Schuessler", will be delighted and discover point and truth that have escaped his attention before.

I remember that some eleven or twelve years ago an allopathic physician of New York expressed his surprise in *The Med-*

*ical World* about the rapid results and curative power of the tissue remedies. I use three or four remedies alternately, never one alone.

"There is good in everything."—*(Shakespeare.)*

C. BERNSTORFF, M. D.

St. Louis, Mo.

—:o:—

Dr. Cline's note on carbon bisulphide was hardly printed before he was asking for another remedy for sciatica. Can anyone report on flexion and its results? I have used it in several cases—some benefited, others not.

All honor to Dr. Babbitt. I would like to see his work.

Whatever virtues reside in the Tissue Remedies of Schuessler, permit me to doubt that in doses of gr. 1-100,000 they exert any effect whatever, especially since the same substances enter the body daily in the food in vastly greater quantities.—ED.

#### MEASLES AND THINGS.

Kindly let me know if you make granules from ptelein, the oleoresinoid of ptelea trifoliata, commonly known as shrubby trefoil, wafer ash and wing-seed. I have used this remedy for several years, and personally I prefer it to quassin. But I am getting to be an alkaloidal crank, and use only your preparations.

Oh, but they work quickly, for me at any rate! I was called one Friday to a case of measles near my office—a solid case too, a child eight years old. I began the exercises with five drops of sudorific tincture (King's), and then dissolved aconitine gr. 1-134 four granules, in four ounces of water in one glass, and atropine valerianate gr. 1-250, six granules in the same amount of water in a second tumbler, and gave a teaspoonful every hour the first two days, every three hours the third day, and four times a day

on Monday and Tuesday. On Wednesday the child was out in the yard playing.

As there were seven children in the family I looked for more measles, as they were all herded together and could not be isolated, which I did not care to do any way.

I was going away for a few days the following Sunday, and thinking that there might be an outbreak I left some granules at the house to be prepared and used if needed, and went off with a clear conscience. I returned Friday to find five of them with measles, two of them in bed together and two sitting around. For one of them I used the sudorific tincture but treated the rest with aconitine and atropine, giving one of them, who had a slight disturbance at the base of the brain, one granule of gelsemin. On Wednesday every vestige of the disease was gone, save a slight cough that bothered the oldest one (twelve years old), and that went away the next day under a drop of drosera (Lloyd's specific). The seventh child escaped entirely.

I should think you would have a large clientele among the "root-grubbers" of the west. You certainly would if they once got on to the "interior meaning" of these little pellets.

I am having a wonderful experience with calcium sulphide that I will give you if you care for the testimony of an "irregular." Did you ever find this drug a powerful absorbent—that is, a help in destroying a carbuncle by absorption? Two of my regular friends, one a homeopathist and the other an attache of the Massachusetts General Hospital, all had said emphatically, "lance it!" Well, the result has astonished me, or would have done so only I do not allow myself to be astonished at anything.

But I will not bother you any further; only, in what does "Abbey's salt" differ from your "Saline Laxative"? I have

used Abbey's with good success, but do not find yours on sale here. Every "feller" has some of his own "just as good"; but I need proof, and don't want to experiment it out of my patients. One might say that "epsom salts" is epsom salts, which is all very true in a way, and so is every man a man, but they differ.

My friend Dr. G., a homeopathist, saw the carbuncle at its height and pronounced its lancing an absolute necessity. Three days after I sent the man to show it to her, and she came to see me at once. I told her what I gave the man, and she remarked, "Hepar Sulph. never did that," and said I must have used "occult power" on it. Well, that may be all very true, but I find God working through "instrumentalities" and the instrumentality I used was calcium sulphide, Abbott Alkaloidal Co., No. 55. What force was behind it, it is not necessary to worry about, but like David's smooth pebble that settled Goliah's business, it served my purpose. Occult power is often only a little compound of faith in God and your remedy, with a little common-sense.

J. R. PHELPS, M. D.

Roxbury, Mass.

—:o:—

The A. A. Co. does not make granules of ptelein, but will quote a price if you will state how many you can use. Any agent not on their list will be prepared if the profession wishes it.

We are glad indeed to know that you are interested in alkalometry, and note your experience with pleasure.

As to Abbey's salt, we believe it is an effervescent magnesium sulphate. One of us was in New York this summer and needing a saline, bought Abbey's. The dose caused six small stools extending over the entire day, entailing much inconvenience; whereas a dose of Abbott's gave one full stool just after breakfast

and then quit. Whether this was simply an individual case or a typical one is something each user can ascertain by a trial.—ED.

#### CROUP.

I have read with interest Dr. Lawrence's paper on membranous croup, and noticed the exceptional results of treatment obtained with iodide of lime (dark). In a practice of more than twenty years I have not seen a case of recovery from true membranous croup. Dr. Lawrence's paper is excellent and only lacks a description of the mode of manufacturing the dark iodide of lime. Please give this in your next issue.

On page 732 is inserted evidence of Dr. Denston in support of calcium sulphide being the "best abortive treatment in cases threatened with suppuration"—a position which I upheld in the St. Louis Medical Era last Autumn. That this drug is antiaphrodisiac in its action is worthy of further investigation.

On page 733 I notice Dr. DeArmand writes unfavorably of the Woodbridge treatment of typhoid. I am sorry to see his statement because I have been using the Woodbridge tablet No. 1, a tablet every hour, in typhoid cases for years with the very best results. I have often been tempted to use zinc sulphocarbolate, but my faith in the former has been too strong to allow a substitute for Woodbridge tablets.

J. G. ATKINSON, M. D.

Bristol, N. B.

—:o:—

Iodized lime is prepared by Billings, Clapp & Co., and as far as I know the process has not been published. It is sold by them at 50c. per ounce, and the Abbott Alkaloidal Co. sends it to customers at the same rate, as a convenience.

Try the sulphocarbolates in your next case and compare the effects.—ED.

**A Good Offer—Rest of 1900 Free to New Subscribers.**

## THE ALKALOIDAL CLINIC.

## CIRCUMCISION.

Circumcision, of all the wise and wholesome laws promulgated by Moses, from a sanitary standpoint stands out preëminently conspicuous for the good of the people. In a practice of over forty years I have never treated a Jew for venereal disease, though I do not consider them immune, but far more nearly so than other peoples.

The most important desideratum in the law is the prevention of masturbation. I have never heard of a Jew walking into a doctor's office seeking the restoration of his lost manhood. There are thousands of dollars expended yearly by specialists advertising to cure lost manhood. There are many other reasons why the operation should be performed. Every male child should be circumcised as soon as practical after birth, and never allowed to pass his tenth year without it. I believe masturbation is the secret of two-thirds of our divorce cases.

J. S. MANLY, M. D.

Cripple Creek, Colo.

—:o:—

And how much money has been spent in reply to the quack advertisements?

This is not alkaloidal, but we are strongly disposed to agree with Dr. Manly. In fact, we know a good many men who would be benefited by removal of the whole business.—ED.

## ARTHRITIS DEFORMANS.

During my summer vacation in New Hampshire my attention was called to a peculiar case in an adjoining town, and for the purpose of gratifying curiosity and reporting to the profession I drove seven miles to see it, thinking the brethren might be interested in the subject.

It is what I believe Prof. Osler mentions in his "Practical Medicine" as an

extreme case of rheumatoid arthritis, and as I never saw one previously, would like you to publish it for discussion by the CLINIC family.

B. A., age 44, white, married, living in and a native of New Hampshire, parents both living, mother 68, slight rheumatic tendencies but never disabled, father 70, no rheumatism, grandparents free from disease. Previous to 1887 and subsequent to his twenty-first year, patient had suffered repeated attacks of rheumatism, partially disabling him, and thirteen years ago he was obliged to take his bed when ankylosis set in, beginning in his arms, accompanied by great pain.

I saw patient in August, 1900, after thirteen years of helplessness, finding right arm and hand across chest, left on abdomen, legs semi-flexed on knees, hips flexed at pelvis, cervical vertebrae in normal position, jaw set, all of the above points immovable except very slight motion of right hip and phalanges, but not enough to enable him to turn in bed or to help himself in the least.

Some of his teeth had been removed for the introduction of food, for which he has a fair appetite. He is now without pain, if assisted to turn over in bed four times in twenty-four hours; as a rule heart-action is normal, bowels and kidneys act with regularity, skin acts well and is of good color, no muscular atrophy.

I might mention in addition the strangest symptom yet, namely, that although the patient has been utterly helpless for so many years, about one-and-a-half years ago his wife gave birth to a good, big, healthy boy. Perhaps some of the brethren may attempt to explain it.

H. A. ELLIOTT, M. D.  
Barnet, Vt.

—:o:—

Did you try vegetarianism and the Betz Hot Air on him? Doctor, what a chance for a reputation!—ED.

## SPARKLETS.

I am very glad that I ever became acquainted with the CLINIC. I must tell you of two or three things that I am doing that "take."

In using the copper arsenite I add some of the essences or mint waters, and color it. This gives it a pleasant taste and does not affect the medicine. For diarrhea I precede it with a small dose of calomel.

In anemic women I am using quinine and iron carbonate in capsules, and a small dose of the Anticonstipation granules with each dose, getting good results.

I save all the linings of chicken-gizzards that my family use, wash them well, hang up and dry two or three days, triturate them in a mortar and use as in-gluvin in capsules. When dry they powder quite easily. It is a fine digestant.

A. M. DAVIS, M. D.

Grey Eagle, Minn.

—:o:—

A wise country doctor used to treat in this way the gizzards of all game birds he shot, saying that their digestive power was enormously greater than that of the chicken.—ED.

## COLLECTING FEES.

I have been a subscriber to your wide-awake, up-to-date journal, almost since its birth, and have not contributed a line for its pages. The reason for this is the lack of room. The men who do wield the pen for its columns are so far ahead in "alkaloidal" journalism, that there seems to be no chance for "small fry." I admire so much their bravery, and above all their ever-blessed truth in a nutshell, as it is in the CLINIC.

The subject of collecting fees has recently struck me in a tender spot again, and thus far your contributors do not give us a specific for this deplorable con-

dition, as it exists with the physicians of our day. Much has been written and much more has been thought of a plan to recompense the much-neglected doctor. No other pursuit of life, particularly in the professions, is left in the lurch like that of the poor, tired, tried and careworn physician. On and on we go, year in and year out with pay-day in the background, for the sake of being called a "good fellow" as our predecessors were.

I have been located in this village for more than a quarter of a century, and am one of those "good fellows," because my environment makes it so. I am driven to it. Other members of our honored profession have previously educated our people to this delinquent habit. I have succeeded in accumulating eight or ten thousand dollars, but have been more successful in accumulating a large list of unpaid accounts; and I believe that other practitioners succeed in accumulating a large amount of unpaid bills also.

Is this as it should be? What is the remedy? In this alkaloidal day when scientists succeed so admirably in separating the real from the crude, can we not by some method separate those "dead beats" from men of worth and good principle? Could not some of our charitable or missionary work begin right here at home?

This temptation or downward step quite often commences with this sly way of stealing—leaving the doctor-bill unpaid, encouraged a little by our good fellows they go step by step into this degrading habit, until it is looked upon as a somewhat fashionable fad. It makes my head hot and my brain swim when I think of the nights of toil, the care, worry, anxiety and unmeasurable responsibility, without recompense; and if those accounts could be adjusted I could be a much better citizen—yes, physician—and

## THE ALKALOIDAL CLINIC.

have more respect even from this degraded class.

Collective agencies may be good—may the Lord bless them—but not in this neighborhood. I have bought my right into more than one of those things, and have the first dollar to receive from their cunningly-devised plan. One, of which we sent out No. 1, a polite notice to come and settle; No. 2, a little more urgent with a little less courtesy; No. 3, was strict orders to come to the front—the debtor onto the racket, mad all over. Our people have too much sense to be dealt with in that manner.

I sued one man and collected my fee according to law, and now have the satisfaction of knowing that some of his rich relations employ some other good fellow.

I will not leave this subject without suggesting a remedy. Let us get up a tract-society for the benefit of fallen humanity. We have taught the laity something of the danger of typhoid fever, tuberculosis and other infectious diseases, let us now teach them of the unjustice of dead-beating.

Tract No. 1 should teach the people the real needs of a physician, the amount of time and money it takes to fit one for that calling, the amount required for books, journals and instruments. The new methods of pharmacy, alkaloidal pharmacy, should be explained in detail and the therapeutic accuracy of the little granules should be explained in a language to be understood, and that all of this is done at a tremendous cost, etc., etc.

No. 2 should treat of the care, wear and tear of the responsibility, the hours of sleep lost, the exposure to cold and contagious diseases, the hours required in research over difficult and complicated cases, the time required in the chemical analysis of urine, blood or sputa, etc., etc.

No. 3 should open out their very souls (if they have any) to the duty they owe their worthy servant, who has waded

through blood, fire, thunder and smoke, to save their worthless lives, who has held himself in readiness for a miscounted birth. They should be shown their duty not only to man but to an offended God.

Now let some literary light shine out and formulate a series of pamphlets to distribute among the people, that will touch the hearts of these hardened sinners and save them from having to meet their Judge with such an unpardonable sin resting upon them. Many people seem to have but a meager idea of the real life of a physician, his expenses, needs, etc., and in this new field much can be done to enlighten the masses on subjects not properly understood. I have the money for several thousand for distribution in my own neighborhood.

A. L. COPE, M. D.

Winona, Ohio.

—:o:—

Shake, Doctor! We're with you. We've tried to politely tell our brethren that most of them were chumps when it came to financial matters, but they will not listen to us.

You have struck out two good ideas. First, don't invest in collection agencies. Second, get up those tracts you describe. Write out what would be about your idea of them, and let anyone else write out what he thinks best; and if we find them right, we'll print them for you.—ED.

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#### REMITTENT FEVER.

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On receipt of the case and goods I felt like a little boy with a new red wagon. But when my first case confronted me I felt a little timid, but had plenty of confidence so I went to work. The case was one of remittent fever, whom I had seen the day before the case came. I left him purgatives, Antikannia powders for the fever, and quinine. They sent for me the day I received the case of granules. I

found the patient flushed, fever 104.5 degrees F., very restless. Fever had not lowered at all and they had given him the powders regularly.

I went to work with the granules, gave one each of aconitine, strychnine arsenate and digitalin every fifteen minutes for one hour, then found a fall of two degrees; and the patient, who had not slept any since my previous visit, went to sleep. I then left them the same granules. They reported today everything lovely.

So much for my first experience with granules. Of course I cannot use them as accurately as I should, but am getting better acquainted all along.

O. W. COSBY, M. D.

Mountain View, Mo.

—:o:—

That is right. Go slowly until familiar with the use of new forms, and sure of your ground. You will soon begin to realize the comfort that comes of certainty.—ED.

#### DIET.

Your article, "Rules for Diet," is good, but is every person to judge of just what they should and what they should not eat?

"Don't let your doctor attempt to regulate your diet by his own stomach." The doctor should regulate the patient's diet not by his stomach but by his brains.

The civilized nations of the world need someone to regulate the diet, for they all eat too much, and drink too much, and do many other things too much, doctors as well as the laity. There is no need of being a crank on diet in order to know what a patient should eat.

W. J. BRAND, M. D.

Detroit, Mich.

#### THE CLINIC.

I wish to congratulate you on the success of the CLINIC. I for one appreciate

the efforts you are making to advance the profession. I tell you the CLINIC ought to be read by every doctor, especially every country doctor. I just read a paper before the Jay County Medical Society on "Active Principles"; and although some of my medical brethren almost scoffed at it, I am going to keep hammering away at them until they become as much converts as I am. We have Waugh's "Treatment of the Sick," and there is no book in our library except the dictionary used more than it is.

C. E. CAYLOR, M. D.

Pennville, Ind.

—:o:—

Keep hammering away. The Chinese wall of Prejudice looks big, but it will surely go down before modern artillery.—ED.

#### THE GENUINE MADSTONE.

The mad-dog stone question as answered by Dr. Jno. D. Thompson is not to my liking. We have one in my neighborhood. It is the melt of a white deer, the deer having been killed in the Chickasha country in August. It is porous and spongy, and soaked in fresh milk will adhere to a mad-dog bite for a number of hours, becoming a deep dark-green color. If no poison exists it does not adhere nor become discolored. I have this direct from the owner of the stone, and of course he knows all about it, especially when "full."

W. M. HATFIELD, M. D.  
Mulhall, O. T.

#### GALL-STONES.

Six months ago a lady was operated on for gall-stones. Over three hundred were found, all glued together like a ball of popcorn. She passed numerous others after the operation. I put her on sodium succinate five months ago. She has not

passed any since. Icterus all cleared up, she looks fine and is happy. I intend to keep her on the soda for a year.

C. H. B. GILE, M. D.  
Falum, Kansas.

#### EUCALYPTOL, THE DESIRABLE.

Eucalyptol is the perfect succedaneum for cocaine. It is the perfect substitute for cocaine. It does not "fill a long-felt want," but it makes a demand, and fills it.

Cocaine has never advertised for a succedaneum or a substitute, but the profession has sought for a neutral preparation to take its place,—a non-toxic, agreeable, and non-irritating preparation. It has pointed to the unpleasant and untoward effects of the alkaloid, and deprecated them. It has indicated both the well-known and the less appreciated complications of a dangerous character that have signalized the use of cocaine, and has lamented the fact.

A demand has been created, and—cocaine does not fill it. Eucalyptol does. The kind I use is Sander & Sons. There is none like it.

It is not a question as to the quality, but rather, as to all of the qualifications of the alkaloid. There is an abundance of impure and inferior cocaine in the market, but there is not the least difficulty in obtaining plenty of that which is absolutely pure and the product of men whose motto is pure medicinal chemicals. It is not alone the inferior that is dealt with. In point of fact there is no need of having an inferior article in these days of exact science. Demand the best, get the best, and—

To the best eucalyptol is superior?

This is not a chemical fact alone. It is the approved fact of physiological endeavor and experiment. It is the probate of the strongest clinical evidence

that ever left the hands and hearts of medical science.

The proofs are emphatic. They multiply.

Say all the good you can of cocaine. Say it aloud, and use good English. Tell that it is composed of carbon, hydrogen and nitrogen reduced to a sulphate, and proclaim that each element of the compound has a direct influence on the nervous, the circulatory and the lymphatic systems. Nothing is plainer, nothing more self-evident.

But—how about this direct influence? Always dependable? Always controllable? Always defensible? Always rational?

The politic answer is that it should be, but sometimes there have been serious lapses, provoking juxtapositions, and complications that harass the soul of medical science. Direct influence—of course, and always, never indirect, and—never amenable to fixed rules or circumstances. We fondly dwell upon its singular property of relieving pain. As fondly we pronounce upon its excellence for performing this action without stupefying the patient. Good, very good. But how about the cardiac excitation? How about the untimely cyanotic symptoms that displease the operator? We know all about those, and we are accustomed to hug the delusion that these "must be guarded against." But, how? Physiology never stands hat in hand to await the generous impulse.

Again, in describing the mental effect after the local application, we speak of the mind of the patient being elevated to a pitch of exaltation absolutely without parallel, as though that was the most natural thing in the world. Natural it is, and as natural as it is undesirable.

Now mark the contrast:—

Eucalyptol tranquilizes.

Eucalyptol relieves all pain, does not stupefy, and—never excites the heart.

It opposes pain, and it opposes all interference with the organic functions.

It does enforce effect, but enhances it. It reduces the nerve-tone without injury to a single nerve-cell. It removes excitement, and affects the overtaxed nervous system in such a manner that a natural sleep occurs. It is certain in its effect and in its virtues. No bad symptoms ensue during its employment as due to that employment, and no ill-effects encroach upon the propriety of things. It is safe, safety itself. It is prompt. It sustains the mental tone. It discovers the fact if simple reflex irritability is the underlying cause to be combated, and it combats that peculiar condition with the utmost ease. It never presumes on interfering with any function, and is promotive of encouragement of nutrient effect rather than otherwise. It has no cumulative effects.

Thus far in substantiation of the claims over cocaine. But further:

#### Habituation?

It would be to the advantage of the drug if we could have a eucalyptol habit to talk about. It would be one of the best things that the economy ever welcomed. Such a habit? Nature's own habit, the habit of health, of physical and mental hope, of upbuilding tissue. Would to Science and Common-Sense, that it might prevail, and that prevailing, it availed.

#### Now as to the *How*?

We Yankees are not satisfied unless we get some precise idea and explanation of action. We delight in the chemistry, in the therapy: but we want to know all about the physiological action.

A volume might fatten on nonpareil type in describing it, but one salient point obtains a basis, underlies, inspires. Put your question.

How does it act? How does it act so as to be the succedaneum of cocaine?

By inhibiting the functional energy of the protoplastic constituents of the nerve-centers.

#### And what ensues?

The blood-vessels contract from the resultant lessened blood-supply, and analgesia transpires.

Medical science never made room for miracles. Common-sense did that, and did it well.

We are accustomed to speak, sometimes, of remedies as acting "in nature's own way," by "nature's own method." Very good. This remedy acts in Human Nature's own way.

What must be the definitive, then? Simply this,—Eucalyptol the desirable.

GIFFARD KNOX, M. D.

Union, N. J.

### FOR EAR-ACHE.

Camphorated chloral five parts, glycerin 30 parts, oil of sweet almonds ten parts. Mix. Saturate a small piece of cotton and insert in ear. The relief will be immediate.

#### BOILS AND CARBUNCLES.

The positive pole of a galvanic battery will abort them if used early. The negative pole will ripen them.

F. O. SPARKS, M. D.

Wichita, Kans.

### PERINEUM RUPTURED WITH HEAD NOT YET ENGAGED.

Mrs. L. E., age 36, primipara. At 6 a. m. found pains falling off, and dilatation slow. At 8 a. m., pains severe, dilatation almost complete, instrumental delivery likely. Membrane ruptured spontaneously about 9, utterly impossible for the natural forces to engage the head in the brim, vertex position, left occipito-anterior. I decided to use the forceps

while contractions were still strong. I had crossed the room to prepare my instruments when I heard a peculiar jerking noise, unlike anything I had ever heard. On turning around I saw that something had broken the force of a pain, and found the position of the head unchanged, but imagine my surprise to find the perineum lacerated down to the sphincter. After fully satisfying myself that there could be no mistake. I proceeded to deliver a male child weighing 10½ pounds, and the hardest pull of my life was made in engaging that head in the upper strait. The child lived and the mother recovered with as good a perineum as I ever saw from a primary repair.

Fourteen months later she gave birth to a second large child without the least difficulty, only being in labor two hours and a half. This struck me as a peculiar accident, and certainly not dependent on the usual causes of laceration. There was nothing special about the pelvis except a short antero-posterior diameter (about ¾ in. short). I have spoken to many physicians of this case and all say they can't see why it occurred. If this misses the ash-barrel I will give you some alkaloidal experience later.

H. C. CHANCE, M. D.  
Tazewell, Tenn.

—:o:—

The case is remarkable to me, but our readers may recall similar accidents.—ED.

#### UTERINE INERTIA.

Mrs. W., 24, a large powerfully built woman, in her first confinement, labor commencing in early morning. At noon the membranes bursted and a foot presented. The contractions of the uterus were so firm that cephalic version could not be successfully performed. It was doubtfully hoped that delivery of the after-coming head could be secured early

enough to prevent asphyxiation. A few pains after the escape of the waters forced out one entire leg. With some difficulty I succeeded in bringing down the other leg and made some traction. Before the shoulders emerged from the canal pulsation in the cord ceased. Considerable traction was brought to bear and the head came down to the perineum with the occiput under the pubic arch. Realizing that the greatest haste was necessary to save the child I inserted a finger into the mouth and lifted the body upward in an effort to shell out the head from the perineum. The child made some respiratory efforts and I endeavored to keep the mouth exposed to the air. After several minutes the resistance of the perineum was overcome and the head delivered. The heart continued to beat but no respiratory efforts were observed. Every means of resuscitation were tried, but after a considerable time the attempt was abandoned.

During the efforts to excite the respiratory centers in the child the placenta passed, apparently in a normal condition and I withdrew the membranes. The patient rallied very well, but there appeared to be a condition of uterine inertia, accompanied by more or less hemorrhage and accumulation of clots in the vagina. A hypodermic of 15 minimis aseptic ergot was given, and massage of uterus practised. Contraction seemed to follow, but after awhile, when everything should have been all right, I discovered a large round mass in the right side of abdomen. This proved to be the uterus. I made pressure with the right hand and cleaned out the clots with the left, ergot was given in large doses, and the uterus contracted to some extent.

Next morning I found the patient tired and listless, and upon palpating the lower abdomen was rather surprised to find the uterus extending as high as the umbilicus.

**Right now is the time to subscribe for 1901--remaining 1900 issues free.**

There had been no severe hemorrhage. Strychnine and ergot were prescribed.

On the third day, after consultation, it was decided that the large uterus, inclined to fill with clots, probably contained some placental tissue, and should be cleaned out. At 9 a. m. Dr. L. placed the patient under the influence of chloroform and I attempted to detach the adherent placenta by means of an irrigating blunt curette. The cavity of the uterus was about 8 inches and the blunt curette failed to remove the offending tissue. I introduced a sharp instrument and removed a large quantity of placental tissue and shreds of membrane. The operation lasted about an hour, and several gallons of sterilized water were used through the curette. Dr. L. stated that the pulse was growing weak and we replaced the patient in bed. He had given hypodermics of strychnine, digitalin and atropine. The patient was in a condition of collapse and no radial pulse discernible. Dr. L. was compelled to go, as he had an appointment.

I now gave the patient glonoin grain 1-50 and twenty minimis of whisky hypodermically. For a considerable time the pulses were imperceptible, the heart weakly fluttering. I gave quart after quart of normal saline solution per rectum. Granules of digitalin and glonoin were placed in the mouth every twenty minutes. After awhile the pulse began to improve slightly and I confess my respirations improved also. At 2 p. m. the patient would respond when spoken to, but was not conscious of surrounding events. Pulse regular and improving in volume.

Recovery followed, but the lady was changed from a ruddy, robust woman to an anemic semi-invalid. She will of course gradually regain her health.

The operation was justified only on the ground that the condition of the uterus was a dangerous one, and likely to result

in puerperal septicemia and subinvolution.

Sanguiferin and Hagee's Cordial are the agents relied upon to restore and reconstruct.

E. D. MEEKER, M. D.  
Galena, Kas.

#### AN ERRATIC FISH-BONE.

An old lady for three months had suffered a succession of boils on the abdomen. The sixth was in the left iliac region, central side, no other being above the navel. None had been incised. All had been exceedingly painful, and this last one had forced the patient to bed. With all these had been considerable looseness of the bowels. I found the usual induration of a furuncle and a small, white, elevated, central point, with no indication of pus-formation.

I used a pair of bullet-forceps, grasped the hard white point, and almost painlessly extracted the rib of a perch, measuring one and one-eighth inches, both ends very pointed; no pus followed.

I attributed all the risings to attempts of the rib to escape from the intestine, as she recovered the selfsame day, and had no recurrence of her trouble.

GEO. E. MOTT, M. D.  
Warren, Texas.

#### APOMORPHINE.

##### *Editor Alkaloidal Clinic:*

Dr. Murrell in June CLINIC writes a very satisfactory article on Alkaloids, but he assumes some things in addition to his knowledge on the subject that were better left unsaid, as his experience has evidently not been sufficient to warrant such statements.

On page 436 he says: "Morphine alleviates pain and induces sleep, whilst apomorphine has none of these properties," and I take exception to the latter part of

the teaching, as apomorphine in small dosage by hypodermic, has been a most satisfactory hypnotic in those cases in which I have used it; one-thirtieth grain slightly more or less, just short of nausea, giving a quiet refreshing sleep of from two hours to the full night, without apparently losing its efficiency or establishing a habit by frequent repetitions.

On page 437: "Codeine is simply a weak morphine and we can easily dispense with it." Those who have taken your advice, and used cocaine until familiar with its peculiar properties, will hardly agree with this verdict.

These are small flaws to pick in such a gem, but none of us yet knows all the good things to be found in the alkaloids, and each bit of information helps swell the total of our education.

W. S. FOWLER, M. D.  
San Buenaventura, Cal.

—:o:—

It is my belief that differences will yet be detected in all the groups of similarly acting alkaloids—similar but not identical. There is need for study of these agents.—ED.

#### SEXUAL PERVERSION.

A few years ago, in a town I do not wish to name, my office was across the street from a cobbler and the windows were so arranged that I could get a good view of him as he sat working at his bench. He was a man seventy years old with gray hair and beard. My acquaintance started one day when he came over to be catheterized. His prostate was greatly enlarged and the bladder and urinary tract in a sorry condition. He had been using the catheter three to five times a day for the last seven or eight years and occasionally, as on the above date, he would be so tender as to necessitate a local anesthetic.

One day as I was thinking of the old man and his trouble, I glanced over and saw him acting in a peculiar manner with a shoe that had been left for repair; he would smell it carefully, look at it lovingly, then fold it to his bosom as if it were a baby. I supposed it belonged to an old sweetheart, and gave the matter but little attention; however, after that I frequently saw the scene repeated and noticed it was always a woman's shoe that was used. A short time later I was in his shop when a young lady brought in one of her shoes from which she had accidentally pulled the heel. He had taken the shoe as she came in and quickly laid it down, but no sooner had she departed than he seized it again, his countenance assuming a rapt expression, his body was shaken by a slight tremor and disregarding my presence, he fondled and with his tongue licked the shoe from sole to top mumbling to himself in the most endearing terms. Finally he remembered me and without the least show of embarrassment asked, "You don't understand that, do you?" When I replied "not exactly" he said, "That gives me the same pleasure which I suppose the ordinary man derives from sexual intercourse." Some time later the old man told me his

#### STORY.

So far as he remembered he was like other boys at puberty; his parents being dead, he was employed in a well-to-do family in which there were several grown daughters. These girls slept upstairs and in cold weather would leave their shoes by the kitchen stove. It was part of the boy's work to build the kitchen fire in the morning, and he would sometimes have to move the shoes out of the way. Just when or how he first noticed his peculiar fascination, he does not remember, but soon the morning work became the "bright spot" of his daily experience. After starting the fire he would take one or more of the shoes in his lap, look them

over, smell them, then "sit and dream" till the rising family would warn him and the spell would be broken. The girls themselves interested him only when they had their shoes on, when in their bare feet they inspired him with a degree of repulsion although good-looking, buxom lasses.

This strange desire grew on him to such an extent that he would leave his bed when the family had retired, go even to the girls' room, run the risk of awaking them, procure a shoe and take it to bed with him, replacing it in the morning. His peculiarity was discovered and as the family considered him mentally unbalanced, decided not to keep him. When leaving he begged one of the girls to give him an old shoe but she, not understanding him, refused.

He had learned by this time that his existence was wrapped up in woman's shoes, so applied to a local nail dealer for clerkship but soon discovered that new shoes did not answer the purpose; it was necessary that they be at least "second-hand." Now the boy was in a quandary: he must do something whereby he would be brought in contact with woman's shoes. He had no desire to marry, nor for the society of females only as it gave him an opportunity to handle their shoes. At last he joined himself to a shoemaker, but only stayed with him a year because there was too much "new work" and not enough repairing to suit his whim; there were also several other apprentices in the shop who were "in the way" at times. He then searched till he found a cobbler who did little else but repair work and stayed with him till he had the cash to purchase a "kit" and set up for himself. The habit grew on him month by month and no difference what kind of a company he was in or how many beautiful women present, all he saw was "shoes."

One particular feature of the case is this: While all women's shoes give him a pleasurable sensation, contact with those similar to the ones he used to take to bed with him in his boyhood days, would produce an orgasm and seminal emission or he could induce an emission at any time by powerful mental influence, imagining a shoe to be one of the early originals. Even at his advanced age he occasionally sees a particular shoe that will enthuse him with all the old-time thrill, but on account of the diseased condition of the genito-urinary tract, he is confined to his bed for several days after.

I could learn nothing of interest regarding the parentage.

H. D. FAIR, M. D.

Muncie, Ind.

—:o:—

Kraft-Ebing relates instances of shoe-perversion. This species of lunacy is not common.—En.

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#### CARRIES HIS OWN GUN.

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The druggist has got about all that I feel like donating him. From now henceforth I shall dispense my own medicines, and it is needless to say that they will be alkaloidal. I have used a few granules here in the past month from my premium case received with the CLINIC, and I have done more with this one little case than the druggist and I both did in the month preceding. It is the only rational method of practice that has ever been offered to the world, safer for the patient and more satisfactory to the physician, and I hope you will reap a due reward for the great advance you have made in therapeutics. You deserve the support of every doctor from the Lakes to the Gulf, and it is only a question of time until you will have it.

DR. N. B. H.

—, Oklahoma.

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We appreciate the doctor's compliment. Our convictions are strong on this subject and we have endeavored to carry them out to the best of our ability. It is indeed a pleasure and a source of great encouragement to us to have our friends speak out their appreciation of our efforts. Our aim is for positive accuracy in therapeutics, and the protection of the professional and business interests of the medical fraternity.—ED.

#### STATIC ELECTRICITY.

I am using one of the Betz Static Machines, and I believe it is one of the best in the world when properly cared for. Its X-Ray work is unsurpassed. Consolidated lung, collections of pus, tumors of the stomach, liver, etc., enlargement of the heart and stone in the kidney and bladder, are easily detected. I am not prepared to say whether the ozone attachment, which is new to me, is of special and practical therapeutic value or not, but it has a wonderful psychic influence. On the whole I am delighted with my machine and take pleasure in recommending it to the CLINIC family.

Dr. B. B. GROVER.  
Colorado Springs, Colo.

#### CONSUMPTION.

Herewith I present its most essential and important symptoms, that have never before been reported, which are a *resume* of my own case and my rescue from the very gates of the tomb.

In view of the fact that consumption or pulmonary tuberculosis and its allies, cancer, scrofula, bronchitis, grip, throat and lung diseases, are the most destructive and devastating enemies of

mankind, whose death-roll carries off more than all the wars, pestilence, famines and all other devastating elements combined, carrying to the tomb each year one-seventh of the entire civilized world, or about three millions; that the latest researches have most signally failed to cure consumption, or even state its most important or essential symptoms as a clue to its cure, I therefore desire to report my own case, with special reference to those symptoms which I believe have never before been described by any author or writer on consumption, but are present in all cases of consumption and are not to be over-rated.

Late in the fall of 1858 I took cold, which resulted in bronchitis. This gradually brought on a general atony or flaccid condition of the whole body. The mucous membranes of the throat and upper air-passages also became soft. This condition of irritation and softening gradually found its way to the bronchial tubes and lung-tissues, which caused weakness of the vascular system, vital relaxation both of the nerves and muscular tissues showing itself in a general flabby condition, followed by night-sweats, exudations from the mucous membranes, indigestion, diarrhea, a watery condition of the blood and edema of the feet.

Now it is evident that the remedy must be one that has the power to constringe this flaccid condition of the mucous membranes, of nervous, muscular and fibrous tissues, coagulate the blood, diminish the secretions, hardening and shrinking lung-tissues and all vital relaxations, and toning the weakness of the system.

EZRA McDougall, M. D.  
Oneonta, N. Y.

—:o:—

What agents accomplish the tasks set by Dr. McDougall?—ED.

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# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further or better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

### REPORTS AND SUGGESTIONS.

Reply to Query 1576: Write L. N. R. R. office and procure their pamphlet "The Gulf-coast." Look up Ocean Springs, Miss. I have been going there for years for muscular rheumatism, the only place I can at all winter with any comfort. Expect to go there October or November, will be glad to meet you and make your acquaintance.

Dr. J. A. Koch.

Golconda, Ill.

Reply to Query 1522: Take large doses fl. ext. pichi, P. D. & Co., and stick to it, and diet.

A. M. Cook, M. D.

New Castle, Pa.

In answer to Query 1425: Hives are caused by closure of pores of the skin in local areas, producing congestion, tension, etc. I used to use Dover's powder, which was the best remedy I knew then to open pores and promote perspiration. Of late years fl. ext. jaborandi, half to two-thirds of a dram every two or three hours, has been found a better remedy. Two to four doses will relieve the worst case of bold hives.

To Query 1426: I claim to be the pioneer in the hypodermic use of quinine. I began its use by hypodermic injections thirty years ago. Then, I broke down

the crystals by adding dilute sulphuric acid, drop by drop, till a clear solution was obtained. Occasionally a sore resulted. Of late years I do not add so much acid, leaving the solution very cloudy, which is cleared by heat; the syringe is also warmed by placing in warm water. By this means we avoid an excess of acid and seldom had an ulcer. I usually inject from seven to eight grains at a dose, six hours apart for three doses, then wait a day for results. I seldom have to repeat. I use the drug in cases of malarial poisoning where the stomach rejects everything. It is a very efficient and satisfactory treatment.

G. A. Harman, M. D.

Lancaster, Ohio.

To Query 1578: For clay-colored feces try fl. ext. apocynum androsemium (bitter root), fifteen to thirty drops three times a day. I suggest the fl. ext. because I do not know of its being put in granules. Most of its action is on the gall-duct, gall-cyst and tubuli of the liver. Push this remedy in clay-colored feces and it will be a revelation.

Robert C. Hamilton, M. D.  
Coulterville, Ill.

In Query 1550, W. G. requests a remedy for recurrent boils. Now I give him a prescription I have used for fifty years

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with perfect success, viz., Aromatic sulphuric acid, m. v, aqua pura 8 oz, taken every morning before breakfast for twenty days, keeping the alvine evacuations perfectly regular by taking if needed a "Saline Laxative". This treatment will insure him from recurrent boils for one year.

Caswell T. Poe, M. D.  
Grand Island, Nebr.

In answer to Query 1576: Myalgia, page 763, September Clinic, I can, with perfect confidence of a radical cure, advise W. M. B., Minnesota, to go to Corpus Christi, Texas, on the shores of the Gulf of Mexico, to spend the winter and get rid of his chronic muscular rheumatism. In addition to all its natural advantages as a health-resort, both in summer and winter, for which it is becoming noted, they have an ever-flowing artesian well of mineral water, the most horrid-tasting, foul-smelling water I ever drank; but which one soon learns to love on account of its health-giving properties, and it will thoroughly eradicate all forms of rheumatism.

For ten years I suffered with chronic articular rheumatism, with occasional attacks of lumbago and sciatica, but since I began to drink that water eighteen months ago I have never felt a rheumatic twinge, and am as spry and more active in my movements at sixty-seven years of age than I was at thirty. Besides it has cured me of diabetes of five years' standing, in which the flow of urine averaged from six to eight pints a day, with sp. gr. 1032 to 1040, and three to five grains of sugar per ounce.

There is an old man there driving the street-sprinkler who came four or five years ago, his limbs drawn and distorted by rheumatism, a helpless invalid, who was thoroughly cured in a few months by drinking and bathing in that water. It is also a cure for eczema and all kinds of skin diseases.

Corpus Christi is a beautiful little city of about five thousand inhabitants, with the best fish, oysters and bathing facilities on the whole coast of Texas; with a line of islands separating Corpus Christi Bay from the Gulf, that protects it from all such cyclonic tornadoes as almost destroyed unfortunate Galveston lately, drowning five thousand of her citizens

and wrecking many thousands of residences and other buildings. At the hour this terrible destruction of life and property was going on at Galveston and all other points on our Southern coast, at Corpus Christi a stiff gale blew, of such force as to create billows which bathers enjoy, and her citizens took advantage of it for a farewell plunge into the surf that moonlight night, little dreaming that thousands of fellow beings were being hurled into eternity by that same wind a few hundred miles east of them. Eight families from Colorado and other northwestern states go to Corpus Christi to spend the winter, among them several retired physicians. I am getting letters from Maine to California asking for information about Corpus Christi, many of which I do not answer because stamp is not enclosed, and I hope this description will be sufficient, as the writers know me only through the CLINIC. I have no personal interest in thus praising Corpus Christi, for it is not my home and I do not own a foot of property there; and in this hurried letter I do not exaggerate in the least, and cannot tell half its advantages as a health-resort. In this, as in all my writings, I am actuated solely by a desire to benefit humanity.

W. L. Coleman, M. D.  
Huntsville, Texas.

Answer to Query 1576—Myalgia: As I have lived in Northwest Wisconsin for twenty-six years, less than forty miles from St. Paul, Minn., may I make a suggestion—especially as I formerly suffered similarly. Doctor, stay where you are, if you are in an elevated place, away from all dampness. If you are not located "high and dry," get there, Eli, as soon as possible, and stay there. Wear summer and winter Jaeger's sanitary underwear—not too heavy. Wear same weight every day, varying your outer clothing from one to three or four times daily if necessary, and in the coldest, windiest days wear a close-woven cotton shirt and drawers over the woolen. This woolen wear will not shrink and keeps skin oily and of even temperature. In coldest weather perhaps a second suit of chamois if you are much exposed. Wear a fur coat over a woolen overcoat when riding in winter, wear light (thin uppers) shoes and storm arctics (always

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remove indoors). If you ride much carry a foot-heater. Never ride with cold feet and never go to bed with cold feet. Use hot-water bottle if necessary. Regulate bowels; use variety of food with plenty of vegetables each meal. See your heart-action is right, bowels active. Drink freely of cold water. Use no liquors for medicine or beverage, and my word for it, Minnesota is as good (if you are high and dry) as any other place. I speak generally—not knowing the person I can't individualize, hence I do not speak of drugs—that being out of the question.

E. L. B., Wis.

Reply to Query 1547: Most all hay-fever sufferers can be relieved and even kept entirely free from that trouble under the Hydrozone and Glycozone treatment.

I take this opportunity to send you with my compliments, a copy of my book, fifteenth edition, on *Disease Caused by Germs*, which has just been issued.

As I know that you are open to conviction I feel confident that you will take the present information in good grace.

Referring to your answer to query 1582, on page 764, my opinion is that if the writer of the query had stuck to the Hydrozone and Glycozone treatment his patients should be cured long before this; the reason for which he did not obtain the results is that he wanted to go too quickly and he thought to do well by using drugs in connection with Hydrozone and Glycozone, while he just accomplished the reverse.

The drugs that he has been using have destroyed the life of the animal cells of the surrounding tissues so that instead of getting the full benefit of the healing action of Hydrozone and Glycozone he probably got only one per cent of it.

C. S. Marchand.

#### QUERIES.

Query 1608:—TINNITUS. Male, 54, last winter began growing somewhat deaf, with tinnitus in left ear. At present tinnitus is rather severe, can hear watch tick only when placed against both ears, cannot hear it all over mastoid process. Treated him by Politzer infla-

tion, also potassium iodide, but he seems no better.

Male, 38, healthy but complains of left arm and hand burning as if in furnace. Also both legs from knees to feet. They are not hot to touch; noticed only when sitting down, have been bothering him for three years. They feel numb and as if "hairs were standing on end"; says legs are worse than arms, feel as if hot air of furnace was in contact with them.

Have had splendid success with your Intestinal Antiseptic in infantile bowel trouble.

J. M., Missouri.

There are two remedies for deafness with tinnitus. If the man's pulse is full and strong give aconitine, enough to affect it sensibly. If not, give pilocarpine each evening, enough to cause slight sweating. Look into the ear, however, and see if there is anything in it, for this may be due to wax or some other substance in the ear.

In your second case the phenomena are paresthesiae from irritation of the spinal cord. This may be due to toxemia, or to deficient excretion through the kidneys. Examine the urine and note what his daily excretion of solids is. If deficient, bring it up to the normal standard; examine the stools and note if they are offensive, if so use Saline Laxative and Intestinal Antiseptics. If neither of these conditions is present give zinc phosphide gr. 1-6, three times a day.—ED.

Query 1609:—NUCLEIN. Is nuclein stable in aqueous solution? Is there any incompatibility, chemic or physiologic, in prescribing it with hyoscine and glonoin in an aqueous solution?

R. T., Manitoba.

The first question we answer yes. The second question we answer no and there you have it. Nuclein helps everywhere and is compatible with anything. It hinders nowhere and is not incompatible with anything that we know of. The standard solution keeps indefinitely;

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if mixed with water for hypodermic use it should be injected at once.—ED.

*Query 1610:—LEFT SHOULDER PAIN.* Seventeen nights ago I woke with a severe pain in the left shoulder, which extended down the whole arm, nearly all muscles involved, could not raise the arm to the top of the head nor turn it back to spinal column. Under treatment with aconite liniment, Hymosa-plaster, Thialion, Tongaline and small doses of strychnine arsenate, I brought down this rheumatic affection to a tolerable stand, only I cannot rest at night on the left arm, and have therefore very restless nights. My body-weight nine months ago was 198 pounds. My question is, if calcium sulphide would be of any use in this case. The pain in upper arm and shoulder is very annoying yet, and almost every minute I have when writing to change the position of the arm or rest entirely for a while. To-day is my seventy-eighth birthday, and I must be bothered yet with such pain.

E. B., Illinois.

Regulate the bowels with Saline Laxative, giving seven Intestinal Antiseptic tablets daily and seven granules of lithium salicylate; that is, one of each before and after each meal and at bedtime. Adhere pretty closely to the vegetarian diet. This will be better in your case than calcium sulphide.

If this treatment is resisted more than three days add to it strontium iodide, forty grains a day, distributed over the twenty-four hours as equally as possible.—ED.

*Query 1611:—ULCERATION OF UTERUS.* The os and neck of uterus to internal orifice is a mass of raw ulcers, bleeding when slightly touched, at times a discharge of clear mucus, all the time immense discharges of yellow, sometimes white, pus. It dates back to the birth of a child. I have tried the usual remedies, also hydrogen peroxide as an injection, which acts well, bringing away all pus. This patient is also troubled with painful micturition, urine dark, scanty, burning, often voids it, passing a few drops or an

ounce at a time; says the sensation is one of a pin sticking crossways in the meatus or a little further back. I have used a No. 10 catheter, get no urine, no pain in introducing it, but some a few minutes after or in withdrawing it. Sometimes all this trouble will be just the reverse; in two or three weeks there will be frequent and copious micturition. What is my case? What treatment would you advise? I am discouraged—have been treating case two months.

E. H., Florida.

Your case is primarily one of endometritis with deficient excretion through the kidneys. The endometritis you can easily cure by injecting europhen-aristol with petrolatum into the cavity of the womb and using the W-A Vaginal Antiseptic in the vagina. If the womb is heavy and congested use also glycerin tampons. When the congestion is reduced if healing does not take place use tampons saturated with Bovinine, which will rapidly complete the cure.

Internally stimulate the woman's kidneys by caffeine valerianate, three granules every two hours while awake, with one granule of apocynin and from one to three of strychnine valerianate. This is a good combination, checking perspiration, giving tone to the tissues and stimulating the kidney-function effectively and harmlessly.—ED.

*Query 1612:—BACKACHE.* Mother, 40, youngest child three years old, not well since and is getting worse. She has corporeal endometritis and has been treated considerably for it and improved under treatment, but when treatment is stopped she grows worse. She complains a great deal of pains in the back, and some of cramp and pains in feet and legs at night. Two years ago she began to complain of a kidney-trouble. Lithiated Hydrangea and potash gave considerable relief a while, stopped, got worse, took more with some relief, but it does no good now. For the last three or four months she has been taking caffeine, digitalis, chloroform, benzoic acid, a great

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deal of fresh fruit and watermelon, and a great many other things.

There is not a sufficient quantity of urine passed.

H. M., Texas.

The report does not indicate disease of the kidneys, but rather intestinal trouble. Keep this woman's bowels clear and clean, regulate her diet carefully, and give Urotropin, five grains four times a day, until the urine becomes natural. If the urine does not quickly become acid add to this dilute nitric acid, 10 drops before each meal. The woman will be better also for a remedy to increase the tonicity of her tissues, for which I would recommend berberine gr. 1-6, four times a day.—ED.

published of remarkably quick cure by the addition of nuclein to the treatment suggested.—ED.

*Query 1614:*—BALDNESS. Is there any known treatment that you know to be reliable to prevent baldness in young people? I am 27, my hair on top of my head is very thin, otherwise I am in good health. The skin of my head is tight and nothing forms on it. The hair has been getting thin for three years or longer.

Mr. P., 24, is nearly bald, otherwise in good health, has tried all proprietary medicines and nothing has done any good. His hair has been getting thin for two years but during the past five months it has nearly all come out on top of his head. The skin of his head is very loose, nothing forms on it.

J. B., Oklahoma.

In both cases give pilocarpine at bedtime enough to cause slight sweating. In the case in which the skin is thin and white, rub the scalp once a day with cod-liver oil, adding five per cent oil of eucalyptus to cover the odor. In the case where the scalp is loose, apply strong sage tea once a day. Continue the treatment one month and report results.—ED.

*Query 1613:*—GOITER. What is the latest, up-to-date, most scientific, and bearing the best results, treatment for goiter? When I was on earth last, the treatment by thyroids was thought to be the proper caper. How is it now? I have got a pretty good library, but I have searched it in vain for something on the treatment of goiter by the use of thyroids, and I have forgotten the details and the dosage. My case is one of fifteen years' standing, a lady, married, three children, 36, the goiter three inches in diameter.

G. S., Minnesota.

I am not so interested in obtaining the latest treatment as in giving you the best, and this I believe will lie in the administration of iodoform internally, pushed to beginning iodism, with the application of iodine to the surface of the goiter, driving it in by the galvanic battery in the way Dr. Neiswanger has already described in the CLINIC.

Besides this, keep the bowels easy with Saline Laxative, and have the lady avoid the use of large quantities of liquid, large meals, hot soup, coffee, etc., and such emotions as would cause swelling of the neck. Dr. Aulde recommends nuclein very highly, and several cases have been

*Query 1615:*—SYPHILIS. I am indeed greatly pleased with Alkaloidal medication, and especially with the Dosimetric triad. It is a prompt and safe antipyretic.

A man, 26, contracted syphilis during 1893, was put on the mercurial treatment though not pushed nor kept up very long; however, of his own accord he would take an occasional dose. In 1895 the palm of his right hand developed the peculiar scaly syphilitide. He was then ordered to push mercury, and suffered severe ptyalism. He was then put on ascending doses of iodide, which produced gastric catarrh. He can stand very little of it now, for the same reason.

Present conditions: Entire hand covered with scaling again; otherwise patient is in better health than ever before, weight more than ever, appetite good,

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sleeps well, but constantly annoyed by that miserable hand.

F. P., North Carolina.

It is absolutely useless to give mercury to a syphilitic in the way you have described. It is like throwing a bucket of water on the fire, and then waiting until it catches up before you throw another one on. I would not use the iodides of mercury in such a case but would prefer the salicylate, giving a granule every hour through the day until the first signs of effect on the gums are manifested, then reducing the dose so as to keep just outside the salivation point and keep it up persistently for six months.

In the case you describe use a mercurial lotion also, as good as any being a solution of corrosive sublimate. Let the man soak his hands in a 1 to 5000 solution for five minutes once a day, then wash the hand well in running water so as to wash off all of the solution and apply some good healing ointment like Resinol. If he can bear a stronger solution gradually increase the strength.—Ed.

*Query 1616:—RHEUMATISM.* I am in the latter end of the procession, so come to you with my troubles. Have had a rheumatoid affection for fifteen years, painful joints, sore muscles, etc., never acute. Was in Colorado seven years but it grew worse in Denver. Came here six years ago, improved first year or two, lately as bad as ever. Several joints about hands show deposits and bursal infiltration, but the worst of all is the "stiff neck." Any strained position of head or neck brings it on. A labor-case or surgical dressing, draught of east wind, etc., etc., and once established nothing relieves it but rest in bed over night. The muscles of the right cervico-dorsal region are involved and are then sore and sensitive, as are also the vertebrae of same region, at other times they are normal.

Have tried many remedies but my stomach is sensitive and sometimes refuses to be long punished. I use no alcohol or tobacco, eat a little meat, some coffee or tea once a day. Acids seem to

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disagree. Am fond of sweets and can't see that they disagree to any extent.

G. T., Missouri.

The best climate we have found for rheumatoid affections is southern California. You had better test your urine and see if the elimination of solids is normal in quantity and quality. Your case looks like a good one for colchicine and the Betz hot bath, with the vegetarian regime. Add to this macrotin, from seven to twenty-one granules a day, phytolaccin to toleration and about five granules of rhus. You will probably require four granules of colchicine daily.—Ed.

*Query 1617:—MELANCHOLY.* Man, 45, small and slender for several years has had ptosis of intestines and great lack of peristaltic action, appetite poor, tongue clear and deeply cracked and seamed. Since death of wife six months ago has been troubled with involuntary emissions, of which he is not conscious, not accompanied by erections, and occurring during the day. During last two months has had very foul breath and constipation.

C. G., New York.

Examine the urethra and see if there is prostatic tenderness. If so, treat with europhen-aristol with petrolatum.

In ptosis of the intestines, much benefit is obtained by having the patient wear an abdominal supporter. Berberine gr. 1-6, three or four times a day, is one of the best tonics I ever used in this condition; besides this sanguinarine from three to five granules three times a day, or senecin in the same dose, would be of use.—Ed.

*Query 1618:—DEBILITY.* Lady, 24, schoolteacher, weight 95 pounds, leucorrhea past three years, heart weak, had nervous prostration, no consumption or organic disease in the family, menstruation regular but painful. Troubled a great deal with gas on the stomach; can take no iron.

M. V., Indiana.

Examine her urine and see if the total excretion of solids is up to the mark. If not, we have the most important indication for treatment. Meanwhile keep her bowels regular with a morning dose of Saline Laxative and if the stools are offensive give Intestinal Antiseptic tablets, enough to keep them in good order.

The weak heart needs arsenic, in fact you had better give her a Triple Arsenate tablet with one of nuclein solution every two hours. Give her easily digested food, forbid cold drinks and ices, see that she masticates her food properly, and let her have a hot salt bath every day, the abdomen being well massaged at the time.—ED.

*Query 1619:*—SKIN DISEASE. A man in otherwise good health has intense and almost unbearable itching, some on the abdomen but mostly on the arms and limbs. Upon the closest examination cannot discover anything wrong, only as the patient by scratching actually digs the hide off. Once in a while there will be a little watery exudation where abrasion of the skin takes place, especially if the abrasion be on the hands or between the fingers. Nothing seems to give relief but salt water baths. What is it? And what will cure the same?

B. S., Michigan.

Reduce him to vegetarian diet, forbid tea and coffee, clean out his bowels with Saline Laxative and give seven Intestinal Antiseptics daily. Let him bathe night and morning with weak mustard water. Give colchicine, four granules a day.—ED.

*Query 1620:*—Wife, 23, periods regular but for ten days before and four or five days after them the left axillary glands swell and become painful, especially on pressure. The swelling extends along the course of the milk-ducts leading towards the axilla nearly to the nipple. The trouble is of six years' standing and is getting worse. Digestion is good. She is getting very nervous and irritable, sleeps fairly well.

L. C., Wisconsin.

Remit \$1.00 for 1901 Subscription and receive rest of 1900 Free.

You have described a case of remarkable interest, and one which may require study before we hit upon the right remedy. My impression is that this woman should become a mother as soon as possible, and that she will not be well until this is the case. The remedy I would give her now is phytolacca, preferably a strong decoction extracted from the fresh plant applied to the breasts whenever the irritation shows itself, and the same to be taken internally in as large doses as she can bear, during the time the glands are swollen. In the intervals I would advise gelseminine one granule, alnuin two granules, before each meal and on going to bed; gradually increasing the alnuin to three or even six granules at each dose. Keep her bowels clear and clean.—ED.

*Query 1621:*—UTERINE ULCER. Mother, 28, six months ago taken with pain in back and hip, ulcer on os tincæ, cured by local means. She has had nervous spells which end in deep melancholy, and made several attempts to commit suicide. These spells come on just after breakfast and last for several hours, but when they go off she is as natural as ever. The attacks commence with fulness across the breast, then to the lumbar spine, then to head, and by this time she leaves the house and takes to the woods, don't want to see anyone, thinks every body hates her. Her husband tries to watch her, but she sometimes gets away from him. When he finds her she is generally insensible, but when she comes to herself the whole thing ends with an hour's weeping. She is now four and one-half months pregnant. I am giving cicutine and strychnine, and glonoin when first symptoms come up. I first gave cicutine and brucine, and for two weeks there was no hard spell. I then changed to strychnine, thinking that it would be best, seven granules each day.

I am an old man now and wish I had twenty-five years longer to live and practise Alkalometry. I have been using the little pills since last May, one year ago.

N. H., Texas.

The spells of melancholy are of intestinal origin. Empty her bowels thoroughly by colonic flushing and several full doses of Saline Laxative. Put her on vegetarian diet, not allowing any meat whatever, or any peas, beans, coffee or milk. Feed her on fruit and vegetables. Your medical treatment could not be improved upon. You had better see whether the elimination of the kidneys is sufficient.—ED.

*Query 1622:*—UTERINE CANCER. I have a case of cancer of the uterus. Have been using Buckley's Uterine Tonic for pain. It controls it perfectly, using potassium permanganate, echafolta and alcohol for vaginal wash, also calcium chloride; gave iodine and arsenic internally with hypophosphites. But the discharge is as bad as ever and the odor terrible. Now I am going to try nuclein. Can you give any advice that will be of any service to me?

F. C., Illinois,

Whil the remedies you speak of relieve the pain of the cancer, nothing will cure it, but a surgical procedure. Take your patient to a surgeon if too great progress has not been made, and have the uterus and its appendages removed.—ED.

*Query 1623:*—BLADDER AFFECTION. A healthy man, 83, passes large quantities of light, cloudy, alkaline urine, specific gravity less than 1000. He cannot hold his urine, and the urinal he wears leaks, so that he wets the bed every night.

The case of mixed-infection (sputa sent you August last for analysis) I discharged cured to-day, thanks to calcium sulphide.

R. P., Kansas.

Give the old man dilute nitric acid, 10 to 20 drops before each meal, with arbutin 7 granules a day. Wash the bladder out with warm water containing one minim dilute nitric acid to the ounce; drain it all out carefully and then inject a little europhen-aristol with pet-

rolatum, about a dram, deeply into the urethra. Repeat twice a week.—ED.

*Query 1624:*—THIERSCH. Please give formula for Thiersch's Solution in the next issue of the CLINIC.

C. P., Texas.

Several formulas have been given, one being 2 1-2 drams of salicylic and 2 1-2 ounces of boric acid; a teaspoonful to a quart of water.—ED.

*Query 1625:*—PHTHISIS. I send you sputum which I wish examined for tubercle bacilli, woman, 30, very nervous, diarrhea at times, not constant, family of neurotics, not very fleshy, no fever, coughs, raises more in the morning.

C. F., Wisconsin.

You will see by the report of the laboratory that you have a case of mixed infection on hand; tubercle bacilli being present. If you have a copy of the August CLINIC, 1899, kindly turn to Waugh's article on consumption and you will therein find all we can tell you as to the treatment. We greatly regret being unable to give you a more favorable account. If you decide to send the patient to the Southwest, we may be able to advise you in regard to location.—ED.

*Query 1626:*—CYSTITIS. I want to treat a case of chronic catarrh of the bladder. Will the syringe you recommend be sufficient to inject the preparation into the bladder, or would you suggest something else?

M. F., Mexico.

I do not know whether you can inject the male bladder with the syringe used for the urethra or not. I think you can. If not, draw over the syringe a flexible rubber catheter, leaving an inch or two projecting beyond the tip of the syringe, oil it well and inject through this.—ED.

*Query 1627:*—ENTEROCOLITIS. A wife, 40, soreness in bowels, evacuates pus and slime, fever every day, is bloodless and

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pale, no appetite, sleeps poorly, has light chills every day, family history good, sweats profusely at times.

G. P., Indiana.

This woman has entero-colitis, and it may be tubercular. An examination of the feces would be necessary to decide this. Put her on milk diet, give her three granules of emetin gr 1-67, and one W-A Intestinal Antiseptic tablet, every two hours while awake; with a teaspoonful of Saline Laxative every morning in a glass of cold water. When she commences to improve you may add to the diet raw white of egg, fruit juices, raw beef, and other foods as your judgment approves; but keep her on this medication until the stools are normal.—ED.

*Query 1628:*—DISPENSING. Can I give the three tonic arsenates in solution and have just as good results? How about calcium sulphide? The people "kick" on the granules, and say all my medicine is just alike. Give me some pointers on making solutions in a general way with all the alkaloids.

Dr. C., Missouri.

You can give the tonic arsenates in solution all right. Calcium sulphide you can give in suspension and partial solution. The drug will not entirely dissolve and it tastes and smells, but if your patients want stuff that way, give it. You can dissolve any of the granules in hot or cold water, if you are not in too big a hurry. Sweeten or not as you please and away you go. I carry saccharin, carmine and assorted aromatic tablets, and can fix up the doses nicely as a rule.—ED.

*Query 1629:*—PUTRITION. Farmer, 59, sick three years, in bed for six months, appetite fair, former weight 270, present 143 lbs.; morning cough, respiration heavy but regular, very weak.

J. C., Indiana.

The examination of the urine shows nothing in particular, excepting the lack

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of acid. Mucin was present. The sputa, however, confirms your worst prognostics, showing this to be a case of mixed infection, tubercle bacilli, influenza bacilli, staphylococci and pneumococci. If you turn to the August CLINIC, 1899, you will find the treatment of consumptives as laid down by us in its entirety. This method, I would advise you to adopt.—ED.

*Query 1630:*—STOMATITIS. Lady, 35, has had for ten years a sore tongue, mucous membrane very red, tongue large and flabby, like new beef, small ulcers appear on cheeks and lips, mastication and deglutition very painful, digestion much impaired, diarrhea frequently. The lady is nursing a two-months' baby and is 'run-down.'

S. E., Pennsylvania.

Your patient has an extra vulnerability of her tissues, and an extra colony of microbes in her mouth. Strengthen her tissues by a prolonged course of calcium lactophosphate, a granule every half-hour during the day, with one of the weaker granules each of the three tonic arsenates, iron, quinine and strychnine every two hours; then use an antiseptic for her mouth, and this ought to be strong enough to be potent for good. If she did not mind the taste, I would suggest a sulphocarbonate tablet to be held in the mouth and sucked as a lozenge three or four times a day, or a teaspoonful of chlorinated soda solution in a cup of water, to be used frequently as a gargle and mouth-wash; the teeth to be cleaned on rising and after each meal, using powdered sulphur as a tooth-powder—ED.

*Query 1631:*—BACKACHE. I mail you specimen of urine. Please analyze. Patient suffers pains in knees and small of back, is bilious, takes considerable exercise though doing office work.

B. H., Texas.

The important point elicited in the examination of the specimen of urine, is the presence of bile, due in this case probably to catarrh of the duodenum and gall-ducts. For this I would suggest the use of a small dose of sodium phosphate in the morning before breakfast, with copper arsenate gr. 1-250 and berberine muriate gr. 1-67, a granule of each to be given before each meal and at bedtime, and kept up for a month. Then have another test made of the urine. The diet should be carefully limited, excluding fats, fried foods and excess of sugar and albuminoids. If there is any disposition to flatulence, Maltine should be given with each meal.—ED.

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*Query 1632:*—TUMOR. A lady has ovarian tumor, slowly progressive, and a great dread of surgical interference. Can you kindly advise as to the most efficient treatment to the end of possibly avoiding such procedure.

W. D., Michigan.

There are several ways in which you might treat a non-malignant tumor. First by the persistent use of phytolaccin given up to full dosage, with hydrastin seven granules a day to cause contraction. Secondly, by electrolysis, full directions for which you can find in Dr. Morton's book on "Cataphoresis." Thirdly, by injecting nuclein solution into the substance of the tumor, by a hypodermic syringe. Either of these is capable of producing the results you wish, although a long time may be required, and the lady's patience must be calculated.—ED.

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*Query 1633:*—ABSCESS. With thanks for past favors I mail to-day from another case, a widow, 50, not syphilitic, a sample of pus from an abscess in the groin. Lungs sound, very thin, very weak pulse. This abscess has been painless, gathered in a week, with fever, pointed just below anterior superior

spinous process of ileum, contained eight ounces pus.

T. H., Connecticut.

You will note by the report of our laboratory that we could find neither cancer nor tubercle, but a diplococcus was present. Whether it is the pneumonia coccus or not we are unable to say, but it resembles it. In regard to treatment our suggestion is that of thorough evacuation of the abscess and the injection of Sanitas oil or Villate's solution, if the abscess is not too near the peritoneum; giving internally calcium sulphide one grain, nuclein solution two minimis, iron and quinine arsenates gr. 1-6 each, strychnine arsenate gr. 1-30, together, three times a day gradually increasing to seven times a day or until the effect is noticed; with the hygienic regime as to food, baths, exercise, fresh air, etc. But all this you know, Doctor, as well as we.—ED.

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*Query 1634:*—SANATORIUM. Please give me the address (and probable cost) of one of the best sanatoriums for light mental and nervous diseases in Chicago or some other city.

C. B., Indiana.

Hospital charges in Chicago vary from \$7 a week in the wards to \$15, \$20 and \$25 a week in private rooms. Outside the city it is impossible to give you any idea of prices, as sanatoriums differ in regard to extras, those charging very low nominal prices may make extra charges for letting the patient breathe, and for other privileges.

Perhaps if you tell us the nature of the case in somewhat more detail, we can give you more definite information.—ED.

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*Query 1635:*—OTORRHEA. Man, 23, had facial erysipelas when one year old, deaf ever since. He has a noise in his head like a distant waterfall, worse in damp weather and at night, discharge from the ears every two or three weeks.

September, October, November and December copies Free to all New Subscribers.

Can anything be done for this man?  
Would pilocarpine be of any benefit?

W. H., Missouri.

Suppuration exists in the ear, which you may be able to eradicate by syringing with peroxide solution, increasing strength; giving internally calcium sulphide gr. j, nuclein m.ij, iron and quinine arsenates gr. 1-6 each, strychnine arsenate gr. 1-30, from three to seven times a day, until full effect is obtained.—ED.

*Query 1636:*—COLLEGE. I am a subscriber to the CLINIC and like it very much; and I want to attend a course of lectures this winter. Where is there a school which teaches the principles taught by the CLINIC?

M. A., Texas.

Dr. Waugh lectures once a week at the Illinois Medical College, the term ending the latter part of September. There may be another term added covering the balance of the year, but of this I am not certain. He could give you, as is his custom, special instructions of a post-graduate nature, if you desired. There is no school of alkaloidal therapeutics as yet established.—ED.

*Query 1637:*—TAPEWORM REMEDY. Is there any possibility that your tape-worm remedy would affect a weak heart in this high altitude? I have a case I want to use it on but the patient is afraid to try it.

M. L., Colorado.

There is no special danger to the heart, any more than would result from a fairly brisk cathartic, in the tapeworm remedy. If the patient's heart is very weak, a preliminary hypodermic of strychnine might be advisable. At least it would do no harm to the action of the remedy, but would rather favor it. If her heart is much affected, how can she live in Colorado?—ED.

*Query 1638:*—PHthisis. Enclosed please find check for \$2.50 for examina-

tion and mounted specimen of sputum which I send. The lady is 87 years old, had bad cough four months, pulse and temperature elevated, losing flesh rapidly, evidence of trouble in right lung. I suspect tuberculosis, possibly a mixed infection.

J. H., Illinois.

The sputum contained tubercle bacilli, diplococci, pneumobacilli, saprophytes and pus-cells.

As you will see, the laboratory confirms in all respects your diagnosis. There is a mixed infection including tubercle, and this occurring in a lady 87 years old is remarkable.

If you have the CLINIC of August, 1899, you will find in Waugh's paper all that we could possibly say in regard to the treatment of this case.—ED.

*Query 1639:*—GONORRHEA. I have a case of five months' standing. Last week confined, suffers tenderness and swelling of the genitals, indigestion, etc.

I have a case of trismus, three months' standing, lady, who at first suffered extremely from difficulty in swallowing, at times unable to swallow the blandest fluids.

A. S., Alabama.

In your case of gonorrhea give the lady calcium sulphide, seven grains a day, until her breath smells of the drug, using at the same time the antiseptic and astringent suppositories prepared by the Abbott Alkaloidal Co. Keep her bowels loose with Saline Laxative; also flushing the vagina with hot solution of potassium permanganate several times a day, the oftener the better, will be of great advantage.

In your case of lockjaw I would advise cicutine hydrobromate, a granule every fifteen minutes until effect, then often enough to keep the effect until she is better. Also apply iodine ointment to the affected region, rubbing it well in to promote absorption of any effused products. Keep her bowels loose and aseptic. Dur-

ing the menstrual week keep her on Buckley's Uterine Tonic. Very likely you will find gelseminine, a granule every two or three hours, a valuable adjunct to the cicutine, and this should do better than aconite.

If that first case is really gonorrhreal you will lose the baby's eyes unless you have been very careful.—ED.

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*Query 1640:*—Books. I have read a few copies of the CLINIC and am becoming very desirous to know more of alkaloidal medication. Can you inform me where I can obtain this knowledge?

H. G., Alabama.

Alkalometry originated with Burggraeve, a distinguished physician of Belgium. We can supply you with his "Guide to Dosimetric Medication" at \$1.85. The most extensive work yet published in English is Castro's, which may be looked upon as an enlargement from Burggraeve's "Guide." The price is \$4.75. In America Dr. Shaller has published a remarkably popular book of about 200 pages which we furnish at \$1.75. These prices all include the ALKALOIDAL CLINIC for one year, and the nine-vial premium-case which is given to all new subscribers.

These three works comprise all that we can at present supply to you. Burggraeve will serve as an introduction, Castro gives you a full account of the treatment of all ordinary diseases by the alkaloids, while Shaller takes up a number of the most frequently used alkaloids and treats of them thoroughly. His work is indispensable.—ED.

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*Query 1641.* Laws. Can you furnish me with the Medical Laws governing the practice of medicine of each state and territory in the Union? If my memory serves me right you published something of the kind some time ago.

G. L., Illinois.

We published an abstract of the medical laws some time ago but found so many changes had been made that the article was practically worthless. We therefore refer you to Dr. J. A. Egan, Sec'y of the Illinois State Board of Health, Springfield, Ill., whose business it is to keep posted on these matters, and whose courteous responses to physicians inquiries leave nothing to be desired.—ED.

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*Query 1642:*—Mr. C., 45, had trouble with kidneys three years ago, since then has gradually lost weight and health and has had asthma for last two years. Had appendicitis, with tendency toward general peritonitis. Asthma distressing and stomach very irritable, patient very weak, once in twenty-four hours at no regular time would have a severe chill which lasted half an hour and left him very weak. I tried for three days to keep off the chill and to stop the constant fever, cleaned out bowels and used Intestinal Antiseptics, but chill and fever stayed with me. Examination of urine showed albumin, no pus, blood or sugar. No dropsy present. I then stopped all meat and meat-broths, and the chills at once disappeared. I gave terpin hydrate gr. 2, heroin gr. 1-12, every four hours. This stopped cough promptly and let him breathe and sleep and he soon improved and got well enough to sit up. I was called away and soon patient caught severe cold and grew worse, the physician allowed meat, patient grew worse and called consultation. Both physicians diagnosed case as one of waxy liver, for which nothing could be done.

Present condition very weak and nervous, no appetite, bowels running off, stools very offensive and green. Temp. at 4 p. m. 103.5, cough very distressing, profuse sweating, especially at night, no albumin in urine, liver dullness not increased, liver not palpable, spleen slightly enlarged.

Treatment: Stopped meat, gave fruits and cereals, soft eggs and mashed potato, koumiss, buttermilk and milk. Gave aconitine for fever when above 101, ammon-

nium muriate gr. x, three times daily in solution three hours afterwards, and at same time tablespoonful of Hagee's Cordial Cod-Liver Oil. No food at night, only the Cordial. For sweating, sponge with alum water, atropine internally.

Yesterday he had no fever, appetite good, one movement of bowels and that was nearly natural, is stronger. Urine about four pints daily, nearly normal. Now what keeps up this fever? Is it autoinfection from bowels, or is this condition tuberculosis of the liver? If amyloid or scrofulous liver why does liver not enlarge? What is your diagnosis, prognosis and treatment?

In regard to Query 1471: I had a case like this, unmarried, finally sent to Colorado. She appeared to keep no food in stomach, it simply came out. By excluding all starchy food she kept it down and I put her on candy, nuts, milk and meat, and she regained health.

In closing will say I am a two-year-old in the alkaloids. The little case is my sheet-anchor in all troubles of children and I use it more and more in adults every month. The expense is all that prevents me using them in all cases. When a fever won't come down, I go after it with "Trinity," and down she comes.

L. C., Iowa.

Your case is a very difficult one to diagnose without some further data. The man has had kidney disease and the daily output of urine is now three to four pints, but what are its specific gravity and composition? The excretion is probably deficient and the man is probably autotoxemic. His inability to digest meat and the presence of jaundice, indicate a progressive disease of the liver, but the absence of enlargement shuts out fatty, waxy and hypertrophic disease. The absence of contraction shuts out cirrhosis. This narrows down the probabilities to tuberculosis and cancer, and I suspect the latter.

There should be a thorough examination of the urine. Your experience in treating him is very interesting indeed,

and I would scarcely like to suggest any change from a method which seems to me remarkably successful, considering the case. Better continue the way you are doing unless the examination of the urine indicates a change.—ED.

*Query 1643:*—GUAIACOL. I write to get your opinion in regard to guaiacol, whether it will saturate the system and not hurt the stomach. My lungs are affected. Last winter I had a serious cough, unable to attend to my practice. In April I began to pick up and gain flesh, and now I am in as good flesh as ever, if not better. My flesh seems to be very good, but my cough lingers. I do not cough very bad, but have a constant tickling in my throat. I expectorate a yellow, rotten matter and it tastes very bad. This is not very free now. I have been mashed up twice in my lungs and ever since have had a tender spot; that was done when I was fourteen years old. I am now forty-seven. I see Dr. Carter's statement in the CLINIC of his success with this remedy.

J. T., Texas.

Nuclein will do far more for you than guaiacol. Guaiacol is very liable to disturb your stomach. What you want is hypodermics of nuclein, 20 minims in a syringeful of water twice a week, with strychnine arsenate in good dosage as a tonic, and enough iodoform (preferably in granules gr. 1-67 each) and codeine in the same dosage to control your cough.

Possibly you have an elongated uvula that keeps up the irritation, or some nasopharyngeal catarrh that should be attended to.

My suggestions for the treatment of your asthma would be as in back numbers of the CLINIC. I have repeatedly reiterated them, and verified them many times in my personal experience, and have had many favorable reports from the field. Have the sputa examined.—ED.

*Query 1644:*—HERB. I send you a sample of an herb for identification. Please examine and let me know at once whether it is ginseng or not, as it is very plentiful in this section.

W. G., Georgia.

We have made arrangements with an expert for the examination of this specimen, for which he makes a charge of \$1.00. It is out of our line, and we found it impossible to take this work up ourselves, as the specimens are coming in far too freely. Please forward \$1.00 and we will have the specimen examined at once.—ED.

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*Query 1645:*—EMPHYSEMA. My father-in-law, 65, spare build, retired farmer, has had dyspepsia for years; last October he "broke down", has dyspnea continually, of asthmatic type, and occasionally a suffocative attack; heart-sounds normal, pulse 75 to 90, fair in quality but occasionally more rapid and weak, no fever, cough constant, may rest two nights and the third be unable to sleep on account of cough, expectorates large quantities of sputum, sometimes frothy mucus and then muco-purulent, nearly white or yellowish, lumpy, not nummular.

Eight weeks ago he had an intercurrent attack of pneumonia with consolidation of lower left lobe. When it began to clear up he was apparently better for some days, dyspnea nearly absent. Upon Fellows' hypophosphites he has good appetite for him, drinks a quart of brandy a week (has not been a drinking man—while not a total abstinenace man I never knew him to drink at all, had dropsy about ankle two or three times; urinalysis gives negative results; leans forward when sitting up; is up and dressed every day now, but has not been out-doors in two months; uses several pillows under head at night. During the worst attacks of dyspnea he could only rest on elbows and knees for hours, or sleep that way during night; muscles of neck stand out quite prominent, slight cyanosis at times. I diagnosed it emphysema and have him upon syrup hypohos. co. Fellows, digitalin gr. 1-100 every four hours and

cascara sagrada as needed for bowels—and the brandy as before stated (which his former physician put him upon when he could not or would not eat anything, and I did not see fit to stop it). At times he takes beer and reduces brandy accordingly.

Do you concur in my diagnosis? Have you any treatment to suggest? And particularly where would you recommend him to go for climate to benefit that chronic bronchitis? I was thinking of sending him to Colorado, but perhaps the winters are pretty severe there.

C. L., Minnesota.

The case is one of emphysema and chronic bronchitis, with possibly some affection of the heart. Keep his bowels regular with Waugh's Anticonstipation granules and give Intestinal Antiseptic tablets, if needed.

For the bronchitis clear the respiratory tract by five minute inhalations of the fumes of boiling vinegar, then spray well with europhen-aristol with petrolatum. Do this three times a day. Internally I would advise Buckley's Uterine Tonic; not prepared for such cases, but its composition would admirably fit it for this case.

If the man improves on this treatment, but does not recover, give him strontium iodide forty grains a day. As a sedative of the cough, I would recommend hyoscynamine amorphous, pushed to the production of slight dryness of the mouth. The best climate would be the West Indies; possibly the interior of Porto Rico.—ED.

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*Query 1646:*—ADENITIS. I have a case of glandular swelling below left ear, great emaciation, lady, 30, had two healthy children, no history of consumption, scrofula or syphilis, appetite good, sleeps well, bowels regular, skin very dark, and does not react to any of the regular tonics but continues to lose flesh and the swelling below the ear grows larger. I am now using nuclein, iron iodide, calcium iodide and strychnine ar-

senate, also have poultices on swelling. Can you suggest anything else? She has no female trouble. This case has baffled the whole fraternity for two years.

E. G., Indiana.

Continue your present excellent treatment, adding to it phytolaccin, three granules four times a day, and apply the fluid extract of phytolacca to the swelling on cotton; or still better, if you can find the growing plant in your neighborhood make a decoction of it, boil down to the consistency of molasses and apply this. If pus has not formed I believe this with your present treatment will cause resolution. If pus has formed, especially if tubercular, the glands should be cleaned out. Take a look into the throat and see if the tonsils are diseased, as you may find them showing the focus from which the gland is being affected.—ED.

*Query 1647:—BRAIN LESION.* A man, 50, in March was thrown from a horse, unconscious for one-half hour, complained of head paining him. July 20th was taken with violent pain in head, very severe in right eye; kept up for four days except when under anodynes. Fever never exceeded one-half degree. At the expiration of a week he began to pass into a stupor, which became very marked and profound, took no notice of his bowels or kidneys, would pass without his knowledge. The right arm, right leg and upper eyelid were partially paralyzed, tongue and facial muscles not involved. Pulse while in stupor 46, right eye widely dilated, left contracted or normal, right eye responded to light very feebly. The close of the third week finds him gradually regaining consciousness, the paralysis not so marked in eyelid, arm or leg, least improvement in arm, is now recognizing people and answers some things intelligently. In the beginning the treatment was purgation, acetanilid and codeine, finally resorted to morphine, light nourishing diet, mercury protiodide, passiflora to quiet and make him rest. Patient can distinguish heat and cold.

E. C., Missouri.

This man received an injury at the base of the brain. What the injury was, might be made out by a thorough anatomist. At any rate the result has been the setting up of a morbid process which has extended to the cerebral centers on the left side. Keep his bowels loose, as you have done, and give him full doses of your best absorbents, mercury, iodoform and phytolaccin, each up to the limit. After he has fully regained consciousness, it would be well to add strychnine, carefully increased to full effect.—ED.

*Query 1648:—PUERPERAL SEPTICMIA.* I had three cases lately: (a) post-partum hemorrhage; (b) adherent placenta; (c) hour-glass contraction with retained placenta; all followed by a mild septicemia, temp. 100-101, pulse 100-108, lasting four weeks. I did not curette in any case, as they all had had children before and thought there was no need. I gave each two or three intrauterine douches and put them on strychnine arsenite. All made a good recovery; but did I run a risk in not curetting? Or does that mild form usually follow the above complications?

R. M., Canada.

We had better publish your note and let the family answer it. It is hard to draw the line in such cases, and I doubt whether universal curetting is advisable. Nature is not wholly helpless, though she does make some awful botches.—ED.

*Query 1649:—ASTHMA CURE.* What are likely to be the constituents of Dr. Tucker's (of Mt. Gilead, O.) asthma cure? It is to be inhaled.

J. S., Ontario.

We know nothing of Dr. Tucker's asthma cure, but as it is inhaled it is probably amyl nitrite or pyrozone, as these are the two remedies most likely to be used and to prove effective. In the treatment of asthma we have found excellent results from keeping the bowels

clear and aseptic, giving strychnine arsenate up to the full limit of toleration during the day and meeting the paroxysm at night by one granule each of glonoin and hyoscyamine, every ten minutes until effect. Of course locality counts for a great deal and we always advise the patient to live where free from the malady.—ED.

*Query 1650:*—STATIC. I understand that you have a Wimshurst Static Machine, and would be pleased to have you let me know how you like it. I live in a small town and expect to purchase the Wimshurst or McIntosh. Does your Wimshurst work well in all kinds of weather, and does it do good X-Ray work? Would you recommend the static spark in the treatment of locomotor ataxia?

J. G., Illinois.

For your purpose I would strongly advise the Betz static machine. I know of none which is so certain to act in all kinds of weather as it is. In ataxia you must not expect miracles, but the static spark is an exceedingly promising addition to other treatment.

Quite recently I had the pleasure of witnessing a simply magnificent illustration of X-Ray work with Betz' machine. Write to him for particulars and prices: 35 Randolph St., Chicago. Betz is all right, and you can depend on anything he tells you.—ED.

*Query 1651:*—CHLOROSIS. What would be your treatment for an anemic 14-year-old girl? Menstruation very irregular, with cramping and dysmenorrhea. She also suffers with indigestion and a kind of prickling sensation in arm and fingers sometimes.

T. B., Texas.

Give that anemic girl three Triple Arsenates before meals and a tablespoonful of Sanguiferrin in a glass of milk after meals, with enough Waugh's Laxative granules two or three times a day to keep

her bowels in good condition. Give her all she can stand. Those pricking sensations are due to poor circulation.—ED.

*Query 1652:*—STERILITY. A couple, married four years, no children, no apparent disease about the wife; desire an examination of the semen sent herewith. History of orchitis twelve years ago.

P. P., West Virginia.

No spermatozoa could be found in the specimen sent us for examination, so that the cause of the sterility is evident. You had better inquire as to the history of orchitis, which would account for the absence.

Put the patient upon calcium sulphide, seven grains a day, and iodoform three grains a day, for one month, with local applications of compound iodine ointment along the course of the spermatic vessels, to see if we cannot reopen the channel. After one month let us again examine a specimen and note the result.—ED.

*Query 1653:*—ECZEMA. Have you anything that is a dead shot for eczema?

J. M., Texas.

There is no "dead shot" for eczema. Every case must be treated on its causative symptoms. Never saw a case I couldn't knock out and never treated two cases exactly alike.

In general sedate the skin with mild, soothing lotions and ointments, clean out the alimentary canal with saline, disinfect it with the sulphocarbonates and tonify the nervous system with strychnine. As a rule the blood needs depleting and a vegetable diet should be given with plenty of water. Coffee and meat are often the exciting cause and constipation with fermentation in the alimentary canal almost invariably prevails. Correct these conditions and you have cured most cases. If this does not prove to be a

"dead shot" to yours, explain more fully and I will try again.—ED.

*Query 1654:*—**SUCCINATE.** What is the composition or sodium succinate?

J. M., Tennessee.

Succinate of sodium is a true salt from succinic acid acting upon sodium and is a gall-stone solvent. In the gall-stone diathesis the best results are obtained by putting the patient upon a vegetable diet, without drinking at meals excepting perhaps a cup of hot water in which are to be dissolved two or three strychnine arsenate granules gr. 1-134, one of copper arsenite gr. 1-250, and two or three quassin granules. If the dose is too bitter the quassin and part of the strychnine may be taken as granules, but at least one of the strychnine granules should be dissolved in the hot water along with the copper arsenite. The drinking of distilled water should be begun two hours after meals, and at least one-half pint and better a pint should be taken between that time and one hour before the next meal, during which time at least ten grains of succinate of sodium should be taken. A large drink of water with at least ten grains of succinate of sodium should be taken at bedtime, with sufficient Saline Laxative in the mornings now and then to keep the bowels in good condition. This is against the gall-stone diathesis and will almost invariably correct it. If there are large impacted stones they must be removed surgically and the above treatment instituted against the diathesis. The treatment should be continued from six months to a year or more if necessary.—ED.

*Query 1655:*—**ASCITES.** I have a patient who has been sick for four months. There is a predisposition to tuberculosis, has rectal fistula, has had for fifteen years attacks of perityphlitis. This sickness beginning four months ago was the

result of a debauch. Severe pains in the abdomen, fever, followed by ascites. I have tapped him five times, drawing away three gallons of fluid each time. He has had considerable hemorrhage from the bowels and several hemorrhages from his stomach. He is very much emaciated, and the discharges from his bowels at this time are mucous, streaked with blood. He has no cough and for several days has had no pain, but any indiscretion in diet would provoke severe pain—or at least always has. The last time I tapped him his abdomen filled up in forty-eight hours, three gallons. I am quite sure there is tuberculosis in this case, but where to locate it and how to obtain any excretions for examination I write for information.

A. B., Iowa.

Send us a sample of the fluid taken from his abdomen and we will examine it for tuberculosis. If found, you had better open the abdominal cavity and let in the air which has been curative. Or what I would prefer, whether tuberculosis or not, put in a silver tube connected with a rubber one to drain the fluid away from the abdomen as fast as it forms. I have done this with very good effect indeed.

I scarcely think it necessary to examine the feces, as blood would be accounted for by the pressure of the abdominal circulation.—ED.

*Query 1656:*—As belladonna (atropine) arrest mucous secretions and paralyzes circular muscular fiber why is it put in laxative pills?

G. H., Ohio.

In the small doses used, atropine simply paralyzes the inhibitory nerves and thus aids the laxatives. In most of the imitations of our Anticonstipation granules the dose of belladonna is so large as to paralyze the muscular fiber as well, and hinder the laxative action.—ED.

*Query 1657:*—**ABDOMINAL DISEASE.** Mrs. F., 60, housewife, suffered pain in

right side and in kidneys; found heart and lungs in good condition, tenderness over liver, especially gall-bladder, kidneys tender on deep palpation, liver enlarged to about an inch below ribs. She complained of dizziness, heaviness at stomach after meals, swelling of ankles and puffiness under eyes occasionally, bloating some after meals, bowels irregular and occasionally diarrhea, some icterus. I examined urine and found quantity two pints, sp. gr. 1010, reaction acid, opaque. I could not eliminate opacity by filtration. This is turbid at urination, does not clear on heating, increases on boiling and is not altered by addition of acetic acid. A little liquor potassa immediately cleared it. She has had no chills, temp. normal, pulse not accelerated, no trouble with generative organs, rectum or bladder, appetite poor. I placed her upon digitalis and potassium acetate, quinine and hypophosphites comp. at each meal, and a teaspoonful of sodium phosphate (dehydrated) in hot water before breakfast. The pain and tenderness in liver have entirely been relieved, pain in kidney partially, subjective symptoms in relation to head and stomach are gone, as well as bloating and constipation. Urine increased in amount to 50 ounces, but chemical examination does not reveal any change. I took her off the infusion of digitalis and potassium acetate for a week and substituted digitalin (Germanic) gr. 1-60 every two hours, but her urine decreased in quantity, specific gravity went to 1000, the albumen somewhat increased, turbidity remained the same and pain in back became worse. Can you tell me nature of cloudiness, cause, and treatment? What is the alkaloidal treatment for chronic parenchymatous nephritis?

G. R., Illinois.

From the history your case has either gall-stones or constipation; probably the latter, with reabsorption from the bowels and consequent irritation of the liver; the renal affection consequent upon the attempt of the kidneys to eliminate.

I would suggest thorough emptying of the bowels by colonic flushing; the use of Saline in one dose on rising; the re-

laxation of arterial tension by glonoin, if your diagnosis of chronic intestinal nephritis is correct; but if the microscopic examination of the urine shows the disease to be desquamative, stimulate the kidneys somewhat by apocynin and caffeine, a granule each every two to four hours. The improvement under infusion of digitalis and not under digitalin shows that digitonin was the beneficial agent, and this might be replaced with advantage by veratrine, but as you say nothing concerning the pulse-tension, I am at a loss to know whether veratrine or apocynin would best meet the conditions. Urotropin is very valuable in phosphaturia; salol in cloudiness due to bacteria. This is all I feel justified in saying without knowing the results of a complete examination of the urine.—ED.

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*Query 1658:*—DEBILITY. My sister is thin, complains of feeling tired, temp. 99 to 99.6 from 6 a. m. to 9 p. m., and 97.6 to 98 the balance of the day. Her lungs seem normal, appetite fair, bowels regular; 12 years ago she had pelvic peritonitis, pus discharged into bladder and at umbilicus for over a year. She was an invalid for two years at the time; not very strong since, some trouble with menstruation, pain in back and down sciatic nerve, worse when on her feet much.

M. M., Iowa.

I am somewhat doubtful in regard to her condition, as it may be autotoxemic fever. You know how it is with girls. Not one in a thousand attends to her bowels properly. Give her a small dose of Saline Laxative each morning, and about 30 grains of calcium sulphocarbonate, every day, following this nuclein two minims, iron and quinine arsenates gr. 1-67 each, strychnine arsenate gr. 1-134, all four together every two hours through the day. Let her go on a wheel at least an hour every day. Note particularly if there is any morning cough.

If so, have the sputa examined microscopically. If there is any tendency to irritability of the bowels, have the feces examined also.

As I grow older I learn to dread more the tubercle bacilli.—ED.

*Query 1659:*—DIARRHEA. What is your best treatment for diarrhea in infants and children up to five years of age? I know what to give but don't know the dose of your preparation; clean out the bowels, use intestinal antiseptics and so on. I gave a child of four months two of your Antiseptic pills to two ounces of water, a teaspoonful every four hours. Is that too strong or not?

What would be your treatment for too early menstruation, recurring every two to three weeks, about the same in quantity and length of time; otherwise feels good, good appetite, etc., ages range from 14 to 17 years?

C. B., Wisconsin.

In treating children for diarrhea, I give a teaspoonful of neutralizing cordial, or the half of a teaspoon even full of Saline every two hours until the bowels are emptied; then the Intestinal Antiseptic tablets according to Shaller's rule, namely, one tablet for each year of the child's age and one extra tablet in twenty-four teaspoonfuls of water; of this a teaspoonful every fifteen to thirty minutes until the stools are free from odor.

You can, however, use the granules of zinc sulphocarbolate gr. 1-6, giving one every fifteen to sixty minutes to a child two months old.

In regard to too frequent menstruation, put the lady on vegetarian diet, keep the bowels a little loose with Saline Laxative, and give her Buckley's Uterine Tonic during the menstrual week; a tablet every two to four hours, so as to keep her mouth somewhat dry all the time. In the intervals give alnuin or helonin three to seven granules a day, and sometimes it is well to add hamamelin seven granules, or berberine gr. 1-67 seven

granules, each day. She should avoid all things calculated to cause irritation of these organs. Cool baths and salt rubs to the skin are useful. Nearly always a prolonged course of calcium lactophosphate is required.—ED.

*Query 1660:*—TUBERCULAR PERITONITIS. Mrs. R. F. S., no children, in feeble health from girlhood, never able to do housework, after marriage failed gradually, loss of appetite, fever, night-sweats, feeble and rapid pulse, absence of menses. A surgeon dilated and curetted the uterus, much to her detriment; kept her bed from this time till operation was attempted; constant abdominal and pelvic pain. A consultation of physicians agreed that ovariectomy was indicated, accordingly the patient was sent to the Maine General Hospital.

The surgeon in attendance (an eminent man by the way) began the operation for ovariectomy, but on opening the abdominal cavity, discovered the peritoneum thickly studded with tubercular nodules. Here the operation ended, as no further use of the knife could prove serviceable. Death seemed imminent.

It was suggested that here was a case for the testing of nuclein solution. The physician in attendance volunteered to make the test, and began at once to administer nuclein solution in daily doses of twelve minimis hypodermically, increasing daily till at the end of ten days 80 minimis were administered every twenty-four hours. This amount was given daily for over three and one-half months. Additional treatment was wholly symptomatic and consisted of Maltine with cascara sagrada, whisky, citrated caffeine, dilute hydrochloric acid, coal-tar products and digestive ferments. The feeding was generous, at times forced. The patient began to improve immediately after nuclein solution was administered, and this continued without marked interruption.

Of course, after the foregoing treatment at the hospital the patient was very weak. Some three months elapsed before the danger-point was passed, and yet from the beginning of nuclein adminis-

tration there was appreciable improvement, though often slight.

All this happened four years ago, and the patient is now in perfect health, attending to her household duties. There has been a gain of 30 lbs in weight. Menstruation is regular. There is no pain, and in every respect the patient feels and believes herself well. She is the picture of health.

What led to her recovery? Was it not the free and constant administration of nuclein solution?

G., Vermont.

Recovery has followed opening the peritoneal cavity in similar cases, though the record of cures is not lengthy. To those who are familiar with nuclein, the theory on which its use is based and the results of its application, there will be little doubt that to this potent agent much of the credit is justly attributed.—ED.

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*Query 1661:*—PAPILLOMA. An old lady—"warty" growth coming out of cavity of one of lateral incisors, which was extracted several years ago. White, and has appearance of large "seed" wart. Electrolysis—too severe—have used Thuja and chromic acid, but have not cured it. Give me a little advice in regard to treatment.

J. B., Indiana.

Papilloma, while not frequent, is not rare; applications to the periphery seem to be useless. The growth must be removed, and the source thoroughly cauterized. If pedunculated, strangulation by ligature; if not, knife or scissors, followed by cautery. The diagnosis should be positive in advanced age, as papillomas are sometimes mistaken for more serious and malignant growths or *vice versa*.

E. L. C.

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*Query 1662:*—DEVELOPERS. TYPHOID. Some time ago I noticed a discussion concerning an electric penis-developing apparatus. Is there such an apparatus in the market, and of whom can it be pro-

cured? Being an electric appliance, can it be attached to any battery for ordinary use? What is the cost? What class of cases will it benefit? Will you kindly describe its construction and use?

I am a reader of the CLINIC and derive much benefit from its pages. I use some alkaloids and get good results from their action. In a severe case of typhoid fever, where under the use of ordinary antipyretics, together with cold sponging, even with iced water, the temperature runs to 104 to 105 F., day and night, what would you advise? The man is taking five grains W-A Intestinal Antiseptic every three hours, morning dose of Saline Laxative, and other remedies as indicated. No delirium as yet.

G. S., Pennsylvania.

As to whether the apparatus does good or harm I am not prepared to speak positively. In one case permanent impotence followed the use of a similar apparatus and was attributed by the patient to its use.

Frankly, my private opinion is that you had better not touch it. It is made and sold, however, by F. S. Betz, 35 Randolph St., Chicago, and if as a physician you consider its use advisable, you can rely upon his manufacture as being the best of its kind. You had better communicate directly with him in regard to its use with various batteries, etc.

In your case of typhoid fever you are not using near enough intestinal antiseptics. Wash out the colon with a high-up enema containing five grains zinc sulphocarbo late to the ounce. Then give an Intestinal Antiseptic tablet every hour until the stools are free from odor, after that often enough to keep them free from odor. If the bowels are not sufficiently open, one or two very small doses of Saline Laxative in the mornings do good. I have given zinc sulphocarbo late in some of these cases up to two drams a day, but if the bowels are first emptied properly such large doses are not needed. See to the hygiene of the premises.—ED.

*Query 1663:*—**SUSPENSION.** In "The Treatment of the Sick," page 202, please write me what is meant by the word "suspension" in the first and third line.

C. C., Connecticut.

The word "suspension" as quoted refers to suspension by the neck from a tripod, as used by Sayre in applying his apparatus for crooked spine and later by Charcot as a remedy for ataxia, etc.—ED.

*Query 1664:*—**ANODYNES.** Where morphine fails to have a soothing and quieting effect, but instead delirium, will crude opium act better? Three old experienced doctors say so.

J. S. C., Missouri.

Morphine is the principal anodyne of opium. When it fails to quiet it is evident that anodynes alone are not indicated, but that the addition of a stimulant or a sedative is required. By using crude opium you use stimulants, but as you never know how much stimulants are found in any given specimen of opium, it is best simply to add strychnine to the morphine and give these two together.—ED.

*Query 1665:*—**ORCHITIS.** My patient has had another attack of orchitis, in the right testicle this time. Was taken August 30th. Is up, but the testicle is very much swollen and very tender to the touch.

W. L., North Carolina.

I hardly think it is malarial unless your location is strongly malarial. There seems to be some irritation of the bladder, and if the discharge continues you had better use europhen-aristol with petrolatum.

There is some infection there. The orchitis is due to absorption. Internally, regulate the bowels with Waugh's Anti-constipation granules and give calcium sulphide seven grains a day, with lithium benzoate, a granule every waking hour, and stop the quinine. Meet the acute at-

tack by the use of a suspensory bandage and enveloping the entire scrotum in a mixture of bismuth subnitrate and water of the consistency of cream. Twenty-four hours' application of this will subdue the active inflammation most beautifully. Continue it until the tenderness has so far subsided as to permit bandaging with an India rubber bandage, not with adhesive strips, and this will soon reduce the size to normal.—ED.

*Query 1666:*—**OBSTETRIC JOURNAL.** I want a good journal devoted to obstetrics; can you recommend one?

J. M., Kentucky.

Dr. John Taylor's *Medical Council* is largely devoted to obstetrics and is one we would recommend.—ED.

*Query 1667:*—**PHTHISIS.** During the past eight days I have used two ounces of nuclein in twenty-minim doses twice daily, for a case of phthisis. I think I note quite a little improvement, but the high temperature of 104 F. every day is troublesome. I have used strychnine arsenate and antiseptic inhalations. Have you any suggestions?

A. S., Illinois.

Clean out the bowels with Saline Laxative, mornings, and give seven W-A Intestinal Antiseptic tablets daily, and note fever. If not down to 100 rub the chest with guaiacol, one part to fifteen of lard, over affected lobe, a little well rubbed in.—ED.

*Query 1668:*—**OZENA. HYPERTROPHIC CATARRH.** Please give best treatment for ozena and also for hypertrophic catarrh.

U. I., Kansas.

Life is too short and space too valuable for what you ask. We have reprinted from the CLINIC Dr. Bacon's very thorough treatment of this subject, which will be sent on receipt of ten cents. It goes into the subject far more thoroughly than we could possibly do.—ED.

*Query 1669:*—WEAK HEART. What would you deduce from the following report of examination of urine and what would be your line of treatment? Cloudy, sp. gr. 1020, slightly acid, amber, urea 1.4, no albumen, no sugar. Microscopical: Few leucocytes, few squamous epithelium, mucin and bacteria. The doctor is 50 years old, corpulent, retired to his farm at present, complains of bloating of bowels at night, ringing in right ear, feet swell some, liver sluggish, feeling bad generally at times. May be a mitral lesion. The doctor fears kidney trouble.

F. V., Indiana.

The report would indicate that this man's kidneys are not diseased. The symptoms also indicate that his heart is not strong enough to do its duty; or, as you say, there may be a valve-lesion. Restore the heart to its function by the use of arsenic as a heart-food, and spar-teine gr. 1-6 three to seven times a day as a tonic, giving him highly nutritious food in small bulk with the least possible amount of fluids; and I think that with this you will find him restored to comfort.—ED.

iodide, phytolaccin, arsenic iodide; one granule each from three to seven times a day, and keep it up for many weeks with the external application as suggested. Keep the bowels clear and clean at the same time.

At the end of two weeks add to the above nuclein solution, five drops, dropped on the tonsils three times a day from a dropping tube.—ED.

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*Query 1671:*—EPILEPSY. Miss E. T., 16, has had for eight years spells of unconsciousness lasting one minute. If walking she stops for one minute, then proceeds as if nothing had taken place; if talking she will stop, then proceed where she left off. It makes no difference what position she is in, she will retain it for one minute. Has never fallen, never let an article fall from her hands, winks very fast when having spells, with a slight rolling upwards of the eyeballs; never misses a day and some days will have a good many attacks. A stranger would hardly notice anything wrong, unless attention had been directed to her. Generally she has more during the monthly period and the following week.

O. R., Ohio.

*Query 1670:*—ENLARGED CERVICAL GLANDS. I have a case of enlarged cervical glands, also those at the angle of jaws; a mother, 28, no specific history, grandmother died of consumption. She is anemic, has good appetite, enlargement has existed two years, sometimes swells till she has the appearance of one suffering from Hodgkin's disease, then swelling almost disappears. No redness or suppuration, glands hard and nodular.

J. T., Texas.

Now, doctor, you had better take a look at the tonsils, and see if you don't find there, or in the mouth, the open door through which the disease is invading the cervical glands. To the glands, then, apply fluid extract of phytolacca. Make it yourself out of fresh herbs, if you can find them. Give internally iron

As you describe it the case appears to be one of epilepsy, *petit mal*, but it seems singular that in eight years, covering the critical period of a girl's life, there has been no development into the ordinary form of epilepsy. This encourages me to hope that the case is rather one of hysteria.

Examine the excretion of urine, noting the total excretion and the amount of uric acid, also whether there is albumin or any other abnormal ingredient present. Keep her bowels clear and clean, in the manner so often recommended in the CLINIC. Give her cicutine hydrobromate, a granule every two hours; during the menstruation period add Buckley's Uterine Tonic, a tablet every four

hours. This is all I would like to advise until I hear the result of the examination of the urine. If you have no conveniences for it yourself you can send a sample to our laboratory for examination, which will cost you \$2.00. You will then get a complete report. It is best to save all the urine for twenty-four hours, take two oz. of it, add a few drops of formalin and pack it securely in the way directed in a circular which I enclose.—ED.

diagnosis, which it is not, and does not profess to be. It is simply what the title says—a work on the treatment of the sick. If you have Shaller and Burggraeve Dr. Waugh's book is what you need next. Castro's work is somewhat similar but confined to alkaloidal methods alone, as understood in Europe seventeen years ago. Anders' work on practice is about the best, but does not deal with the alkaloids any more than any ordinary book on practice.—ED.

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*Query 1672:*—BOOKS. I have Shaller and Burggraeve, and now want something that covers the whole field of clinical medicine. Does Waugh cover the whole work, the same as any other Practice of Medicine? The active principles have established me well in practice here, I want to show the others how to cure and to cure quickly; so if that work is all right for a young chap, you can please pack it off up here.

J. B., Michigan.

In Dr. Waugh's book, the "Treatment of the Sick" are the results of his very extensive reading, containing the treatment quoted from over 600 authors, he having selected that part from each which he believed worth quoting, besides in all cases giving his own. It is not confined to alkaloidal treatment by any means, but he has retained all from the older methods which he considered worthy of the physician's attention. In this way it is a condensed cyclopedia of treatment, giving nothing of the other departments of practice but what is necessary to render the treatment intelligible; that is, it does not describe the pathology, symptoms or diagnosis of disease, but tells what remedies to use for each group of symptoms occurring.

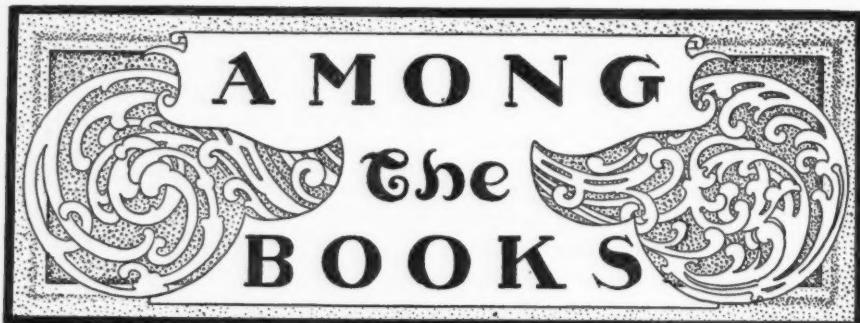
We would prefer not to send the book until we hear from you again, as some who write for it really desire a work on

*Query 1673:*—GASTRIC CATARRH. German, 35, on March 26th came to me feeling pressure in stomach and pain, both increased after eating, eructation of gas, burning sensation at rare intervals and then slight, at intervals nausea, constipation with black stools in balls, appetite good. Examination of stomach revealed diffuse tenderness, tympanites and slight dilation, heart and urine negative.

Diagnosis: Chronic gastritis with fermentation. All pain and tenderness has disappeared, bowels are regular without assistance, appetite still good and food relished; still complains of gas in stomach, diet limited as to starches and sugar, only butter and cream fats permitted. Has taken sulphocarbonates, bismuth, manganese oxide, acid hydrochloric, strychnine, asafetida and aromatic oils, with pancreatin and Taka-Diastase until he is saturated, with no effect on the gas. Otherwise he feels perfectly well. I told him I knew of nothing further except lavage or intro-gastric faradization.

H. C., South Dakota.

For this case I would suggest the use of the compound manganese tablets. Also regulate his bowels with Anticonstipation granules, giving one every hour until the bowels open, each day. You will thus obtain a continuous effect, which will be very useful. Follow this with berberine gr. 1-6, four times a day, as a tonic to the intestinal walls. If the stools are offensive you must use antiseptics.—ED.



# AMONG the BOOKS

*Bacteriology and Surgical Technique for Nurses*, by Emily M. A. Storey. Saunders & Co., Philadelphia. Price, \$1.25.

The knowledge of the reason why a thing is to be done so and so is promotive of its being rightly done. This book will be useful not only to the nurse but to the physician and surgeon, a great part of whose success depends upon the nurse to whom patients are entrusted.

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## A SAD SOUVENIR.

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At the time of the storm, Sept. 8th, we had in press a very handsome publication entitled, "*Picturesque Galveston*," over a hundred pages, with views of this, one of the most beautiful cities in the world; issued by the business men of Galveston as a souvenir of the city. Possibly one-half of the edition can be saved.

We have tendered the profits to the Galveston Relief Committee and under their auspices the book will be sold at \$2.00 a volume. The book is one of the handsomest things that has ever come from the printing-press, and is a souvenir of Galveston of the day before the storm. As a record of what the city was and as a prophecy of what the city will be when restored, this volume is well worth the money, as it is the only thing of record in that line. Besides, purchasers will have the satisfaction of knowing that they are contributing to the relief of thousands who were left homeless and destitute by the hurricane.

We beg to request that you will at once in your columns advertise this volume and receive orders for the book, forwarding the same to us with the money at the rate of \$2 a volume.

We will be able to save, perhaps, 4,000 volumes. The first orders received will be first filled. Orders received after the edition is exhausted will be returned with the cash.

Address all orders and make checks payable to the Galveston Tribune.

Approved in behalf of the Galveston Relief Committee.

W. A. MCVITTIE, Chairman.  
CLARENCE OUSLEY,  
Editor *Galveston Tribune*.

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*A Manual of Otology*, by Gorham Bacon, A. M., M. D., 12mo., 422 pages, 114 engravings and three colored plates. Cloth, \$2.25, net. Lea Brothers & Co., Philadelphia.

This is a very valuable up-to-date volume, useful not only for the specialist, for whom it may perhaps be too brief, but for the general practitioner who is keenly alive to the welfare of his patients, as well as to the increase of his own stock of knowledge. The mechanical execution of the book is of course excellent, but special commendation deserve the photo-engravings, which present the natural appearance of parts physiologic and pathologic. They may at first sight be less easily understood than schematic drawings, but a little more profound study of them will repay with a more accurate mental picture of nature, as she is in health or disease, and with being more easily recognized when one meets her face to face.

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*Progressive Medicine*, Vol. III., September, 1900. A quarterly digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edit-

By subscribing for 1901 Now you will secure remaining 1900 copies Free.

ed by Hobart Amory Hare, M. D., octavo, 408 pages, with 14 engravings. Lea Brothers & Co., Philadelphia. Issued quarterly. Price \$10.00 per year.

With even the best of medical encyclopedias and journals at his command, no active practitioner can yet hope to overhaul all the useful new discoveries which accumulate in a few months in our progressing art and science. And if our hearts are nobly set to be up-to-date with the knowledge of both the proven useful as well as the proven useless in medicine, we cannot have a better guide than the book before us. It is a current encyclopedia, and deserves the nearest place to us in our study for reference. Especially commendable is this volume for its fullness in treatment, for which and by which the physician lives. The material part of the book is excellent. What is left to be desired in it are some illustrations.

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Gould's *Student's Medical Dictionary*, eleventh edition, illustrated. P. Blakiston's Son & Co., Philadelphia. 1900. \$2.50.

This edition is certainly a very convenient volume for the busy medical student, who has too much to do, to hear, to see and to read, to permit him to stop and investigate an unfamiliar subject in a larger work. This volume is apt to tell him, not all there is about a thing, but just what it is that he don't know about it. This one like Gould's other dictionaries is unhesitatingly to be recommended for its material contents and execution.

But we cannot say that much for Gould's spelling of alkaloidal names, how much soever he may be sustained in it by assumed official authority from other quarters. The English language, to speakers, hearers and readers, is entitled to retain the few phonetically recognizable spellings which it possesses. When we hear the name of a plant-medicine it is useful for many reasons to know at once whether it is its active principle or not; and if so, whether it is a crystallizable and salt-forming alkaloid or not. These questions will not have to be asked if the ending "ine" be given to a crystallizable plant-derivative, and "in" to an uncrystallizable one. Thus when we hear of "aconitin" we know it is the Eclectic resinoid, but when we hear of "aconi-

tine," we know it is the alkaloid, and the difference in dose is fearful. So too with the Eclectic resinoid "atropin," and the alkaloid "atropine," and many similar remedies. It cannot be wise or just to neglect the Eclectic preparation and its spelling when the remedial qualities are good and the spelling as distinctively good. To object to either lays one bare to at least the suspicion of spite, at the expense of onomastic clearness and pharmaceutical safety.

THE ALKALOIDAL CLINIC stands for the defense, propaganda and gospel of medicinal active principles, and has adopted these distinctive endings, "ine" and "in", for the sake of clearness and safety, and it has decided to abide by them.

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*Medicine as a Business Proposition.*  
By G. Frank Lydston, M. D. Published by the Riverside Press, 132 Market St., Chicago. Paper, 12mo, 32 pp., price 25 cents.

Many works have been noticed in these pages of far greater bulk and far more pretentious, but few if any of more direct, downright importance to the medical profession. Dr. Lydston treats of the financial aspects of the doctor's life, and in his brilliant, erratic, trenchant way he cuts right and left. As a teacher of medical students and as a specialist of prominence he has had opportunities to see—yes, and sharp eyes to see with—the shortcomings, the pretense, the absolute brainless idiocy of many doctors in regard to their business matters. Nor does he refrain from telling of what he has seen. He speaks right out in meeting and "goes for" every abuse in sight, with a certain vigorous action, a careless slinging around of big awkward chunks of truth, that somehow recalls to one's mind the fact that G. Frank first saw the light of day in California.

Get the book, doctor. If you are not doing the things Lydston describes, you want to know that the others—some of them—are doing them. He will make you smile over his characteristic little touches of wit; he even invests death and the undertaker with facetiousness—but leaves the impression, spite of his stout asseverations, that he hasn't after all the smallest little bit of sympathy with

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the family doctor whose hard lot he laments. He has little or no appreciation of the circumstances that render it impossible for the country doctor to treat his patients financially as does a city specialist dealing with the victims of venereal maladies. He does not divide the fee—not he! All he gets is little enough; and the question of whether the doctor who brings him the case gets anything does not occur to him at all. But he grows eloquent, and the sense of real feeling is evident, when he speaks of doctors deceiving him as to the patient's capability of feeing, or on the doctor who says: "Send the bill to me," and then does not pay it; and he finally concludes that the doctor who sends him a patient should be held responsible for his fees!

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Doctor, send for that book. You need it in your business.

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*The Cure of Consumption, etc., etc.*, by Edwin W. Alabone, etc., etc. Price two shillings and sixpence.

This is neither a classical treatise nor an altogether clamorade quack advertisement, though the style smacks of the latter here and there. The author claims to be scientist, martyr, reformer, discoverer and humanitarian. Claims also to have cured 50,000 consumptives by Lachnanthes. Above all he had the good fortune of being sued for calling himself "doctor" by the British Medical Council, which lost the case and paid the costs, ten guineas; which was worth a thousand times more to the defendant for the gratis advertisement he received as a scientific martyr and life-saver—Well, "*Caveant patres*".—Another booklet, of testimonial, goes with it.

N. B. Dr. Epstein is responsible for the word "clamorade."

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*An American Text-Book of Physiology*, edited by Prof. Howell of Johns Hopkins University. Second edition, revised, Vol. I, price \$3.00, net. Saunders & Co., Philadelphia.

This is a reliable, up-to-date text-book, and is guaranteed as such by its being the

product of American authors; for while the rest of the world's scholars do not all and always read what American scholars have to say, an American scholar of reliability has usually read what they have said before he publishes his own say. He may miss yet the Russian scholars' latest dicta, but most of these too, he gets safe enough at second hand, in German or French. This book of 232 pages is a treasury of latest knowledge and opinion; and much in physiology is opinion, more or less respectable. There is no prospect that with any plus of knowledge the honest human mind will soon be able to eschew theory, opinion and belief. The physiologist may be as unreserved a vitalist as is Lionel S. Beale, and signalizes this by using his term "Bioplasm", instead of "Protoplasm"; or he may be as ultra a materialist as Ludwig Buechner and Jacob Molschott were, or a betwixt-and-between one as is the editor of this physiology, but in neither case can he eschew theory, opinion and belief. All that can be demanded now is that announcements of fact and theory be honestly made, without catering by slur and innuendo to the irresponsibility of materialism on the one hand, nor either to the satisfaction of that ignorance which hides itself behind the plea of vitalism. The editor of this excellent book has endeavored to keep to this happy mean, with some success; more could not be expected at the present time. In the eyes of the vitalist, materialism is dying, but hard; vitality is rising, but is yet not free from the cerements of death, which both positive and negative superstition and fanaticism have wrapped about it from time immemorial. When the mind of man will be freed from all these, then we may have the statement of a human physiology the higher powers of man could state and accept.

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